

**PROMOTING CHILDREN'S MENTAL HEALTH AT A  
WHOLE-SCHOOL LEVEL USING ACTION RESEARCH**

**by**

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## **ABSTRACT**

This study aimed to explore school staff's, parents' and children's understanding of mental health and identify what risk and protective factors affect children's mental health. An initial questionnaire scoping exercise aimed to explore current practices to promote children's mental health in primary schools. The second, more substantive phase of this research, employed action research methodology to use an existing framework (MacDonald & O'Hara's 1998 Ten Element Map), to explore and further develop whole-school practices for children's mental health promotion.

The key research aims were to gain information about how mainstream primary schools currently promote children's mental health, and to explore children's, parents' and school staff's understanding of children's mental health and factors which promote or demote development.

All of the schools who responded to the questionnaire considered that mental health promotion should be carried out by specialist services (e.g. Educational Psychology, Child and Adolescent Mental Health Service, Special Education Needs Support, School Nurse, School Counsellors). All schools also reported that a significant challenge for them was the lack of input from specialist services for whole-school promotion of mental health. The findings from this initial survey suggested that to achieve the active involvement of school staff, further support was required to enable school staff to feel competent, confident and knowledgeable in this field.

The participants in the action research phase of this study identified a number of factors within the individual, the micro, exo- and the macro-systems which they believed affected children's mental health. Four key areas of influence on children's mental health emerged from qualitative analysis of focus group interviews with school staff, pupils and parents. These influences were not equally weighted in terms of their assessed impact on children's mental health.

The integrated MacDonald and O'Hara Ten Element Map (1998) and Bronfenbrenner's bioecological model (2005) which consider the individual to be at the centre of and embedded in a number of environmental systems, afforded effective frameworks for exploring the school community's understanding of children's mental health, for conceptualising the findings from a bioecological perspective, and for planning action steps through which to enhance the impact of schooling on children's mental health.

## **DEDICATION**

To Lee ... The next chapter is ours!

To Mum, Dad and Matt ... for being just the way you are!

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# CHAPTER ONE

## Introduction

This chapter introduces a two-phase study focusing on the ways in which mainstream primary schools understand and address the mental health of children. Throughout this chapter I have outlined the context and rationale for the study drawing upon relevant research and policy, from which the research questions were derived.

### 1. 1 Context of the thesis

In this Volume, I present research which I undertook for the purpose of a three year (2010-2013) Applied Educational Psychology professional training programme with the University of Birmingham.

I am currently in my final year of a two-year placement as a Trainee Educational Psychologist (TEP) in an Educational Psychology Service in Oakshire<sup>1</sup>, a large county situated in the Midlands.

The study arose from my strong commitment to apply research to practice, specifically in relation to whole-school intervention and children's mental health, from a salutogenic and Community Psychology perspective. In addition, one of Oakshire's priorities was to further develop their commitment to whole-school mental health promotion across all four districts within the authority. This study takes place within a

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<sup>1</sup> Oakshire is a pseudonym for the Local Authority in which this study was conducted

town called Fernston<sup>2</sup>, one district of Oakshire. The demographics and context of Fernston will be provided in Chapter Three (3.1).

This volume of my research is predominantly an action research study. The first phase of this study was a scoping exercise; an online questionnaire to gain a broad understanding into existing practices and general attitudes to promoting children's mental health in mainstream primary schools in Fernston. The second phase of this study forms the substantial body of research in the volume. This part of the study employed action research methodology and represents the first part of an action research cycle to gain a more detailed understanding of attitudes, expectations and practices for supporting children's mental health in one 'case' – a primary school in Fernston whose head teacher and staff had expressed an unequivocal commitment to strengthen the school's practices and promotion of children's mental health in their school. A subsequent goal was to apply this understanding to inform developments to existing practices within the school. The study was carried out during 2012 - 2013.

## **1.2. My search strategy for reviewing policy, research and literature on mental health**

As children's mental health is such a broad field, it was essential that I adopted a systematic search strategy from the outset to ensure my review of the literature remained focused (Bell 1999, Aveyard 2007, Thomas 2009). My research was conducted over two phases, therefore influencing the structure and process of my literature review.

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<sup>2</sup> Fernston is a pseudonym for the town in which this study was conducted

Having already negotiated (with the EPS) that the broad focus of my research would centre on whole-school approaches to children's mental health (see Chapter One (1.1)), my first task was to understand how mental health was defined in the broadest sense. As a starting point, I referred to the World Health Organisation's literature as the international organisation taking a leading role in making statements and offering guidance about mental health. As my research was situated within an educational context, my next aim was to understand the role which schools are expected to play in promoting children's mental health. To achieve this I referred to relevant previous and current government policy and guidance (key material included: OFSTED reports, SEAL proposals, evaluation and recommendations, TAMH evaluations and recommendations, National Healthy Schools recommendations, the CAMHS Review and its recommendations).

Building upon the broad understanding of the role which schools are expected to play to promote children's mental health, based on government policy and guidance, I then explored in detail where this guidance had derived from and the evidence base for this guidance. To achieve this I searched the reference lists of all sources of guidance and policy I had drawn upon. This process enable me to gain a better understanding into how mental health was being conceptualised at a political level and also informed the next phase of reviewing the literature. Chapter One reflects this first stage of reviewing the literature.

The next phase of my search strategy focused upon existing literature on children's mental health. I focused on two distinctive aspects: firstly, I was concerned to explore a) *what is mental health?* and b) *what factors are associated with mental health?* Secondly, a) *what do schools do to promote mental health,* b) *what is considered to*

*be effective practice, and c) what are some of the challenges?* My starting point was a systematic search drawing upon the references cited in government policy (drawing heavily on the key sources noted above). This phase of the literature review was instrumental in contextualising my study from an educational perspective (as discussed in Chapter One) and assisted in the development of the aims and design of Phase-One of my research. The majority of this stage of reviewing the literature was conducted prior to making an application for ethical approval from the University of Birmingham Ethics Board. Following approval from the Ethics Board, I then returned to the literature to explore it in greater detail with a specific focus on my research aims (see 1.4.1). Chapter Two reflects this stage of the literature review.

I used a wide range of methods to search for theoretical, research and policy literature on mental health in schools, which included: i) electronic databases (e.g. particularly ERIC and BEI) to search for journal articles, ii) web-based documents (e.g. publically available education and health documents, policies and statistics), iii) searching the reference lists of key articles, iv) hand searching relevant journals to identify any other relevant articles which may not have been identified from my search terms, v) searching for key authors within the field, and vi) following current debates regarding children's mental health on professional web-based forums such as EPNET and the British Psychological Association website. My search terms (e.g. key words) were generated from key terms used to define mental health from a broad range of sources (international and national sources): as my knowledge about the field expanded so did the search terms.

As already stated, my search process derived from following up references from key articles, which ensured that primary sources were drawn upon as much as possible,

but also enabled me to understand how mental health was being conceptualised by different professionals and stakeholders (e.g. psychologists, researchers, politicians, teachers, mental health practitioners, parents and children). This process also enabled me to consider how far research into mental health had developed over time. In an attempt to reflect authenticity and the context of where research/opinions derived from, I remained open-minded to a broad range of sources, but retained a critical stance on the reliability and credibility of information. I was also mindful of where journal articles were published to enable me to reflect upon 'publication biases' (Aveyard 2007, Thomas 2009). I also noted the country from which the research was conducted to enable me to reflect upon the reliability and validity of the findings, in relation to British culture and policy, and to identify where the majority of research originated from and what implications this may have had for my research.

### **1.3 Background**

#### **1.3.1 Prevalence of mental distress**

The mental health of children and young people has been an area of acknowledged concern within the UK; children's mental health and psychological well-being is considered a priority concern for society as a whole (DoH and DfE 2008). The Royal College of Psychiatrists (RCP) claims mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour (RCP 2010). Table 1.1 reveals some recent statistics regarding mental distress/ill-health.

<b>Table 1.1: Mental Health Statistics</b>	
<b>Statistic</b>	<b>Source</b>
1 in 4 people will experience some kind of mental health problem in the course of a year	Mental Health Network, 2011
Research suggests that 20% of children have a mental health problem in any given year, and about 10% at any one time.	Mental Health Network, 2011
Rates of mental health problems among children increase as they reach adolescence	National Statistics Online, 2004
<i>(NHS Mental Health Network, 2011)</i>	

Meanwhile Table 1.2 illustrates the UK's average rank on six dimensions of child well-being, with the UK ranked lowest on children's well-being compared with North America and 18 European countries (UNICEF 2007).

Mental illness has more than a human and social cost (RCP 2010). Many reports emphasise the need for mental health to be a central public health priority given the influence mental health has on a wide range of general health and social outcomes for individuals and society (WHO 1986, Antonovsky 1996, RCP 2010).

The 'hidden' costs of mental illness have a significant impact on public finances; the Mental Health Foundation (2007) estimates that the economic and social cost of mental health problems is greater than that of crime and larger than the total amount spent on all NHS and social services.

**Table 1.2: Children’s well-being in the UK compared to other countries**

		Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
Dimensions of child well-being	Average ranking position (for all 6 dimensions)	Material well-being	Health and safety	Educational well-being	Family and peer relationships	Behaviours and risks	Subjective well-being
Netherlands	4.2	10	2	6	3	3	1
Sweden	5.0	1	1	5	15	1	7
Denmark	7.2	4	4	8	9	6	12
Finland	7.5	3	3	4	17	7	11
Spain	8.0	12	6	15	8	5	2
Switzerland	8.3	5	9	14	4	12	6
Norway	8.7	2	8	11	10	13	8
Italy	10.0	14	5	20	1	10	10
Ireland	10.2	19	19	7	7	4	5
Belgium	10.7	7	16	1	5	19	16
Germany	11.2	13	11	10	13	11	9
Canada	11.8	6	13	2	18	17	15
Greece	11.8	15	18	16	11	8	3
Poland	12.3	21	15	3	14	2	19
Czech Republic	12.5	11	10	9	19	9	17
France	13.0	9	7	18	12	14	18
Portugal	13.7	16	14	21	2	15	14
Austria	13.8	8	20	19	16	16	4
Hungary	14.5	20	17	13	6	18	13
United States	18.0	17	21	12	20	20	-
United Kingdom	18.2	18	12	17	21	21	20

(UNICEF 2007, p.2)

Therefore, it has long been reported that successful health and mental health promotion would have significant economic benefits (Antonovsky 1996). There is a call to move away from individual, clinical models of treatment towards an holistic approach which includes social, environmental and psychological factors (Caplan 1964, the World Health Organisation (WHO) 1986, DCP 2013). For this to be effective health promotion needs to be shared among individuals, community groups, health professionals, health service institutions and governments (WHO 1986).

### 1.3.2 Defining mental health

A review of current and historical definitions of mental health (HAS 1995, MacDonald and O’Hara 1998, MHF 1999, WHO 2013, MHF 2013) distinguishes some common



trends; words such as *ability, adjust, capacity, potential, develop* are used alongside characteristics such as: *happiness, resiliency, spiritually, self-belief, coping, participation, enjoyment and play* to describe what mental health is. Following a review of definitions, this study adopted the World Health Organisation's (WHO) definition. The WHO takes an internationally leading role in making statements about mental health, and their definition encompasses many features of other definitions:

*not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*

(World Health Organisation, 2013).

Many authors accept that mental health is more than the absence of mental illness (MacDonald & O'Hara 1998, Wells et al 2003, Herman et al 2005, WHO 2005, MacDonald 2006, Antonovsky 2006, Hall 2010), viewing mental health as the foundation for well-being and effective functioning for an individual and for a community (Herman et al, 2005).

In reviewing mental health definitions, I identified that much of the influential literature drawn upon throughout this thesis does not explicitly define mental health. The majority of government guidance (DoH 1999a, DOH 1999b, OFSTED 2005, DCSF 2008, DfE 2011) and much British literature (for example Weare 2000, Atkinson and Hornby 2002, Barry and Jenkins 2007) draw upon the Mental Health Foundation's

description of mental health, which derives from Rutter's work in the 1970's describes children who are mentally healthy as able to:

*develop psychologically, emotionally, intellectually and spiritually, initiate, develop and sustain mutually satisfying personal relationships, use and enjoy solitude; become aware of others and empathise with them, play and learn, develop a sense of right and wrong and resolve (face) problems*

(MHF 1999, p.6).

Mental health promotion now ranks as a priority within the international health and development agenda, with governments across the world aware of the importance of mental health to the overall health of individuals, communities and nations (Herman, 2005). The Ottawa Charter for mental health is the driving force behind promotion, advocating that:

*Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socioecological approach to health*

(The World Health Organisation, 2012).

Here the term socioecological refers to reciprocal social and environmental factors which impact upon mental health, for example; dynamic social, cultural, political and environmental conditions, which interact within a social and ecological system (WHO 2012, 2013).

Recent guidance (WHO 2013) focuses on the conditions and capacity for an integrated approach that promotes mental health at an ecological level, recommending the development of community-based mental health and social care services to provide opportunities to manage mental health problems more effectively, and promote mental health and prevent mental disorders.

The actions recommended by the WHO appear to be incorporated in the British government's current policies and priorities regarding the nation's mental health and well-being. The rhetoric and terminology resonates with that used in the international guidance; for example, the government's *Healthy Lives, Healthy People* paper (DoH, 2011) state:

*the Government must demonstrate its commitment and do the things that only the Government can do – but it cannot, on its own, (...) We all have a part to play to meet the social and economic challenge posed by mental ill health, and to improve the wellbeing of the population (and) second, power is moving away from the centre (...) whereby citizens take more control over their lives and build more capable communities. It is particularly relevant to mental health. We want more decisions about mental health taken locally, with more flexibility for local people to make decisions based on local needs.*

(DoH, 2011, p.3)

In many countries the focus of mental health policy has been on mental illness and a response to this (Tilford, 2006). However, the above recommendations, from international and national guidance, offer an indication of a move away from a pathogenic view, where the focus is on '*what makes people ill*', towards the salutogenic view, which is concerned with considering the person holistically, asking '*how can a person be helped to move towards greater health?*' in relation to all aspects of the person (Antonovsky, 2006). The salutogenic perspective is adopted throughout this thesis.

I acknowledge that there continues to be stigma surrounding the term *mental health/mental ill health* (DoH and DfE 2008), and much of the educational literature I reviewed uses the term '*emotional well-being*' to refer to children's mental health. Nonetheless, whichever terminology is adopted, the primary aim is to address the challenges and promote improved mental health for all children and young people (DoH and DfE 2008). The term mental health is used from this point onwards to refer to children's mental health *and* emotional well-being in an attempt to advocate a salutogenic view of mental health, focusing on psychological, social and environmental factors which promote children's positive mental health and well-being.

### **1.3.3 Conceptualising mental health**

Mental health is the foundation for individual well-being and effective functioning for individuals and communities and therefore needs to be conceptualised and promoted accordingly (WHO 2005, Herman et al 2005, MHF 2007, WHO 2013):

*Mental health promotion involves any action to enhance the mental well-being of individuals, families, organisations and communities, recognising that everyone has mental health needs, whether or not they have a diagnosis of mental illness. Mental health promotion programmes that target the whole community will also include and benefit people with mental health problems*

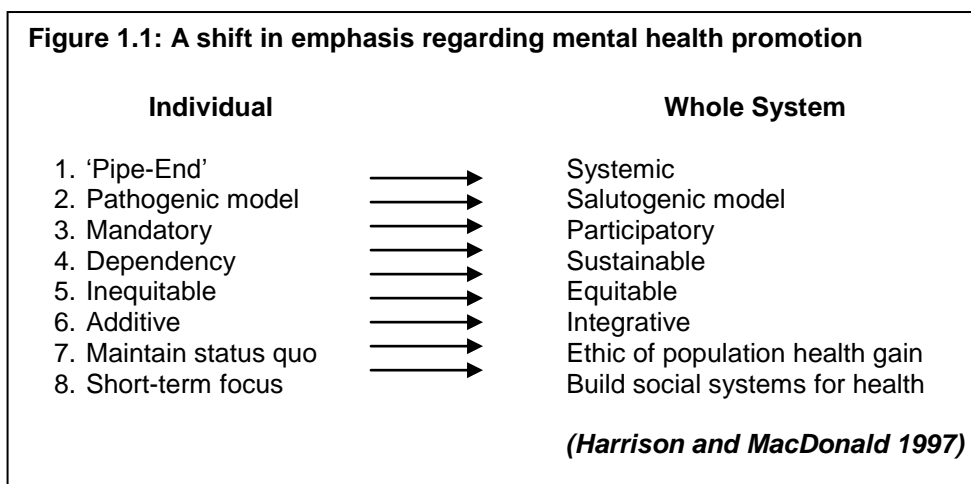
(MHF, 2007, p.73).

The pathogenic view of mental health has long been considered flawed, with many advocating a paradigm shift in how mental health/illness is understood (Antonovsky 1996, MacDonald 2006, Cattán 2006, DCP 2013), acknowledging that mental health is strongly linked to developmental, social and economic factors. This is consistent with the socioecological orientation advocated by WHO (2012, 2013).

Mental health is, by no means synonymous with mental illness, although societal values and culture has resulted in the conflation of terms, and the *mental health as mental illness' euphemism was part of everyday language* (MacDonald 2006). It is therefore important to be clear about the difference between mental health and mental illness. MacDonald (2006) and Antonovsky (1996) both provide clear and concise explanations for understanding these differences, which has been influential in my conceptualisation of the current study, Figure 1.1 illustrates this necessary shift in emphasis and the need to consider the person holistically, asking '*how can a person be helped to move towards greater health?*' in relation to all aspects of the person:

*Each one of us, by virtue of being a living system, is in the river, and none are on the shore (...) we are all, always, in the dangerous river of life. The twin question is: how dangerous is our river? How well can we swim?*

(Antonovsky, 2006, p.14).



The successful promotion of mental health needs to enhance the strengths and capacity of not only individuals but also communities. Therefore, the focus needs to be on identifying and strengthening the protective factors at all levels in the community. To achieve this, there is a need for a broader focus on social and environmental factors associated with mental health and less focus on the clinical model and treatment of individuals (Barry and Jenkins 2007).

With regards to the treatment or intervention of mental health development, and in response to the recently revised Diagnostic and Statistical Manual of Mental Disorders (DSM 5, American Psychological Association (APA) 2013), the Division of Clinical Psychology (DCP) 2013) and British Psychological Society (BPS) 2013) reinforce a socioecological orientation to the promotion of mental health, stating that

mental distress is a result of complex social and psychological factors, and therefore call for a salutogenic method of treatment, recommending the development of a:

*paradigm shift so that it (treatment) focuses less on the biological aspects of mental health and more on the personal and social*

(Johnstone, 2013, [www. cope-yp.blogspot.co.uk](http://www.cope-yp.blogspot.co.uk)).

The overview of mental health provided in this chapter has illustrated that mental health is impacted not only by individual attributes, (e.g. ability to manage one's thoughts, emotions, behaviours and social interactions with others), but also by socioecological factors (such as social, cultural, economic and political factors) and environmental factors (e.g. living standards, working conditions, and community social support systems) (DoH and DfE 2008, WHO 2013). I address *what* and *how* factors in the wider ecology impact upon child development in Chapter Two.

A report from the National Advisory Mental Health Council (NAMHC 1996) maintains that risk and protective factors are influenced by membership of particular cultures, and experiences within these contexts which influence psychological processes (Hogg and Vaughan 2002, DoH and DfE 2008, Shaffer 2010, Ferragina et al 2013, WHO 2013). Bronfenbrenner (2005) also identifies the highly significant role family and peer relationships have to play in children's mental health. Moreover, wider social, political, economic and structural changes in society affect the developing child directly and indirectly, and these forces too are susceptible to rapid and often unpredicted changes. Such social changes will influence the experiences of families and their dynamics, the economic and environmental conditions which may, over-

time become increasingly or decreasingly conducive to human development (Bronfenbrenner, 2005):

*everything is interlinked (...) it does not matter which way we move as long as we realise we are dealing with a circular system, that all of these things are integrally linked together.*  
*Nothing comes first*

(Caplan 1959, p.7).

Bronfenbrenner's bioecological model (1998, 2001, 2005) will be discussed in detail in Chapter Two. For now, in summary he advocates development influences, and is influenced by the bidirectional relationships between an individual and other multiple social forces, including family, community, education, media, policy, and wider national and historical influences (Caplan 1959, Bronfenbrenner and Morris 1998, Tew 2005, DCP 2013).

#### **1.3.4 Mental health policy**

Mental health policy defines the vision for the future mental health of the population. The WHO (2013) states that policy should include concrete strategies, outlining intervention that will be implemented to target mental disorders, and should also clarify the roles of the different stakeholders in implementing and achieving this.

UK policy provides an illustrative example of the gradual development of public health policy to address mental health (Tilford, 2006), which historically, has seen considerable weaknesses in links between public health and mental health (Harman,



2005). Initially, the focus centred on the role of individual behaviour and lifestyle. This was then followed by a movement, albeit slow, which adopted a broader perspective on mental health, with an explicit commitment towards the creation of a more socially equitable and cohesive society by strengthening connections between mental health, housing, employment, education and communities, and by taking into account individual, group and community needs across the lifespan (Tilford, 2006, DoH and DfE 2008, DoH 2011, WHO 2013). This commitment is evidenced more recently in the *Children and Families Bill* (DfE 2013), which aims to improve services for vulnerable children and support families, asserting that all children can succeed, no matter what their background, by ensuring that the whole system focuses on providing safe, high-quality care and early education for children.

Recent government guidance recognises the importance of investing in education for improving the health (physical and mental) of the whole population (WHO 2005, DoH 2011). The UK government has pledged to ensure that the population knows what they can do as communities and individuals to improve their own well-being and general health. (e.g. drinking within safe limits, taking regular exercise, participating in meaningful activities and experiencing the natural environment (DoH 2011, p.31)). Conversely, risk-taking behaviour such as smoking, drinking and drug misuse have been associated with poor mental health (DoH 2003, WHO 2005, DoH 2011), and are therefore discouraged.

A number of authors advocate identifying and reducing the conditions which are harmful to mental health and promoting those factors considered to be propitious (Caplan 1964, Antonovsky 1996, MacDonald and O'Hara 1998, MacDonald 2006).

Factors which influence the development of children's mental health will be explored in detail in Chapter Two.

### **1.3.5 Preventing mental distress**

Caplan proposed a conceptual model to address the continuum of needs associated with differing levels of mental health and the contingent need for different types and levels of services, suggesting three levels of prevention:

*The model provides a long-term view of the continuing factors which mould the development of a person's general life-style and a short-term view of the recurrent crises associated with sudden changes in his patterns of behaviour. Both levels of the model emphasise the environmental influences which commonly affect many people to a significant extent and ignore those idiosyncratic factors which determine individual differences*

(Caplan 1964, p.31).

Caplan (1964) states that a programme of primary prevention should take action at two key levels: social action (achieve change within the community) and interpersonal action (achieve change in the individual). He proposed three levels of intervention which are still referred to today:

1. *Primary prevention* aims to avoid the development of ill-health/mental distress of a population as a whole over time. Examples of such action include taking social action to modify attitudes through education.
2. *Secondary prevention* aims to lower the prevalence of a disorder/distress through early identification and intervention.
3. *Tertiary prevention* aims to reduce the rate in a community of defective functioning due to mental disorder

More recently there has been a move towards developing Caplan's model to include universal, targeted and specialist services. Within the comprehensive Child and Adolescent Mental Health Strategy, proposed in 1995 by the Health Advisory Service (HAS), four levels, or 'tiers' of service delivery are recommended to address these differing levels of individual and population need. Both models are subject to local interpretation and differences in understanding (HAS 1995, DoH and DfE 2008). The box below provides definitions of these concepts.

It is widely accepted in policy (local and national) and research that schools and other professionals play a role in supporting the emotional well-being and promoting the mental health of all children and young people, through the prevention of mental disorders at Tiers One and Two (Weare 2000, The WHO 2001, Atkinson and Hornby 2002, Hornby and Atkinson 2003, OFSTED 2005, Barry and Jenkins 2007, the WHO 2013).

## Current concept model of prevention

### Four-Tired framework of prevention

- Tier 1** Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and youth workers), who are not necessarily mental health specialists. They offer general advice and treatment for less severe problems, promote mental health, aid early identification of problems and refer to more specialist services.
- Tier 2** Services provided by specialists working in community and primary care settings in a uni-disciplinary way (such as primary mental health workers, psychologists and paediatric clinics). They offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery.
- Tier 3** Services usually provided by a multi-disciplinary team or service working in a community mental health clinic, child psychiatry outpatient service or community settings. They offer a specialised service for those with more severe, complex and persistent disorders.
- Tier 4** Services for children and young people with the most serious problems. These include day units, highly specialised outpatient teams and inpatient units, which usually serve more than one area.

### Universal, Targeted and Specialist Services

- Universal Services** These services work with all children and young people. They promote and support mental health and psychological well-being through the environment they create and the relationships they have with children and young people. They include early years providers and settings such as childminders and nurseries, schools, colleges, youth services and primary health care services such as GPs, midwives and health visitors.
- Targeted Services** Targeted services are engaged to work with children and young people who have specific needs – for example, learning difficulties or disabilities, school attendance problems, family difficulties, physical illness or behaviour difficulties. Within this group of services we also include CAMHS delivered to targeted groups of children, such as those in care.
- Specialist Services** Specialist services work with children and young people with complex, severe and/or persistent needs, reflecting the needs rather than necessarily the ‘specialist’ skills required to meet those needs. This includes CAMHS at Tiers 3 and 4 of the conceptual framework (though there is overlap here as some Tier 3 services could also be included in the ‘targeted’ category). It also includes services across education, social care and youth offending that work with children and young people with the highest levels of need – for example, in pupil referral units (PRUs), special schools, children’s homes, intensive foster care and other residential or secure settings.

*(DoH & DfE 200, p.17&18)*

One aim of this chapter is to introduce the role of the school in promoting children’s mental health in order to account for how schools are positioned in this study. In Chapter Two I will critically review literature which has explored school-based interventions aimed at promoting the development of children’s mental health.

Against this background, and in my position as a Trainee Educational Psychologist (TEP) working with schools at a Tier Two level to support their practice regarding promoting children's mental health, the remit of my research was firstly to explore current practices for promoting children's mental health in primary schools in one district of a Local Authority. The second aim of my research was to support one school in developing the school community's understanding of children's mental health and identify factors and characteristics within their school which were considered important for promoting mental health (details of the school context for Phase-Two of the study will be provided in 3.4.4). Once these factors were identified action was agreed to develop practices to promote children's mental health.

### **1.3 Community Psychology and mental health**

Consideration of social, environmental and psychological factors affecting mental health is central to a Community Psychology (CP) framework, which emphasises the social aspect of mental health and the benefits of collective action (Seedat et al, 2001). Jerry Tew (2005) emphasises a need for collaborative working with service users, carers and other professional groups.

It is becoming increasingly accepted that mental health promotion requires long-term action, which is not solely reliant on bio-medical strategies, but rather adopts a move towards a process of *reclaiming the whole person as a social being* for recovery to be successful (Tew 2005).

An increased interest in social perspectives for the promotion and recovery of mental health has been driven by service users, families, academics and professionals from a wide range of disciplines. The values underpinning social models embrace diversity and reflect the complexities of people's experiences. Tew explains that the promotion of mental health should seek an integrated understanding of people in their social context, with mental health being situated within a continuum of everyday lived experience (Tew, 2005), recommending a need for *lively and creative dialogue*, which includes the perspectives of those with direct or personal experience of mental distress, similar to that advocated by Harrison and MacDonald (1997) in Figure 1.1.

The principles of Community Psychology (CP) resonate with social perspectives of mental health. The goals of CP is to improve conditions and psychological well-being by applying knowledge, research, intervention and evaluation from broader psychological and social science disciplines (including sociology, mental and public health, policy, psychiatry, anthropology, history etc) in community contexts. CP offers:

*A framework for working with those marginalised by the social system that leads to self-aware social change with an emphasis on value-based participatory work and the forging of alliances. It is a way of working that is pragmatic and reflexive, whilst not wedded to any particular orthodoxy of method. As such CP is one alternative to the dominant individualist psychology taught and practiced in high income countries*

(Burton et al, 2011, p.219).

CP views the whole community as possible clients, not just the individual, the prevention and elimination of individual and socio-political conditions that produce psychological effects is achieved through social action (by individuals, communities and professionals) which aims to *change material conditions and socio-political policies and systems* (Seedat et al 2001).

The principles of anti-oppressive practice are entrenched in CP and other social models such as those described by Tew (2005). They subscribe to an empowering practice, which is aware of power differences (Tew 2002). The call for a social and holistic perspective to development and well-being is advocated in anticipation that implementing such frameworks will impact upon the community's readiness and capacity and improve outcomes for all. Social and community models of mental health promotion should begin within community, not end with the community (Flaspohler et al 2006), an objective of this current study.

#### **1.4 The research focus**

This study comprised a scoping exercise and one cycle of action research regarding children's mental health promotion, with an overarching aim to support the development of existing school practices.

This study was informed by existing research within the field of children's mental health promotion, with particular attention given to the salutogenic model of mental health (Antonovsky, 1996) and the MacDonald and O'Hara Ten Element Map (1998), which also underpinned the theoretical conceptualisation of the study (discussed in

Chapter Two) and provided a structure for the methodology (discussed in Chapter Three).

There is a great deal of research about school-based interventions, but significantly less on the implementation of whole-school approaches to mental health promotion (discussed further in Chapter Two). It is, therefore intended that the findings from this study would contribute to this relatively under-developed area.

The ultimate aim of this study was to build relationships between professionals in order to share psychological knowledge with those closest to children in order to promote children's mental health. From a community psychology perspective, the emphasis was on the expectation that expertise were already in place in the community, in this case the school community: the role of the action research phase was undertaken to build on this foundation.

#### **1.4.1 The specific aims of the research**

The initial scoping exercise (comprising a questionnaire to all primary schools in Fernston) aimed to explore current practices to promote children's mental health in these primary schools. The questionnaire also provided an opportunity for schools to self-nominate and to participate in the action research phase of the study.

The second, more substantive phase of this research (in one primary school), employed action research methodology and used an existing framework (MacDonald & O'Hara's Ten Element Map 1998) to explore and further develop whole-school practices for children's mental health promotion.



### **1.4.2 The structure of the thesis**

Volume One of this thesis consists of five chapters. The aim of this chapter was to provide a broad overview of the historical and political context for mental health promotion, to define mental health and broadly to consider psychological, social and environmental factors associated with mental health within a child's ecology. I have provided a brief overview of the methodology, context of the study and the conceptual orientation for the study, all of which are discussed in further detail in subsequent chapters.

In Chapter Two, I critically discuss the research context for my study, paying particular attention to exploring factors associated with mental health, what is considered effective intervention and the challenges inherent in implementing interventions with fidelity within schools.

The literature reviewed explores the psychological, social and environmental factors influencing children's mental health. Since the study is concerned with identifying *how* people stay mental healthy and the factors which promote or/and demote positive mental health, I will introduce the rationale for my use of the Ten Element Map (MacDonald and O'Hara 1998), which provided a conceptual framework throughout this study.

In Chapter Three I discuss the action research methodology used in this study, and go on to describe and justify the research which was carried out over two phases and provide a rationale for the methods selected.

Chapter Four presents and discusses my findings derived from the two phases of this inquiry, in relation to the literature discussed in Chapter Two.

Chapter Five concludes this volume. It consists of my reflections on and critique of the research process. Consideration is given to implications for future research and professional practice.

## **CHAPTER 2**

### **Review of the Literature**

This chapter focused on relevant mental health research and literature, with particular attention to psychological, social and environmental and factors associated with promoting/demoting mental health/mental distress. I also reviewed research into effective school-based interventions and the challenges inherent in implementing such interventions, particularly whole-school (Wave One) approaches to promoting children's mental health.

#### **2.1 Conceptual Frameworks**

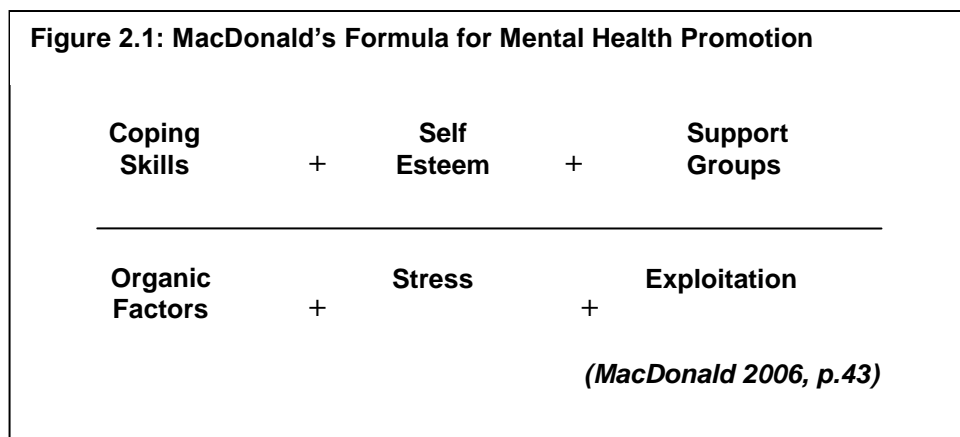
As this study adopted a salutogenic perspective of mental health and was concerned with identifying factors which promote or/and demote positive mental health, I firstly introduce the Ten Element Map (MacDonald and O'Hara 1998), followed by an overview of Bronfenbrenner's bioecological model (1998, 2001, 2005). Both of these models provided a conceptual framework throughout this study, therefore I integrated these models to operationalise my study and to provide a framework for reporting my findings in Chapter Four.

##### **2.1.1 MacDonald and O'Hara Ten Element Map**

The Ten Element Map was developed in response to criticisms that models of mental health predominantly focused on individual characteristics (such as biological, cognitive and personality factors). The map builds upon Albee & Ryan Finn's (1993) meta-analysis of factors shown to increase the risk of poor mental health (e.g.

'noxious living' conditions, poor diet, high levels of stress, unemployment, discrimination and a sense of powerlessness (Albee and Ryan-Finn 1993, p.117)). As previously mentioned, MacDonald and O'Hara emphasised the need to move away from the individual level and focus on social processes at the macro and meso level to effectively promote mental health (described in Table 2.1).

MacDonald (2006) suggested that Albee and Ryan Finn's model of risk can be rotated so that the denominations of the Albee and Ryan-Finn (1993) model become the numerators and vice versa, to describe continuous proportions to mental promotion (Figure 2.1).



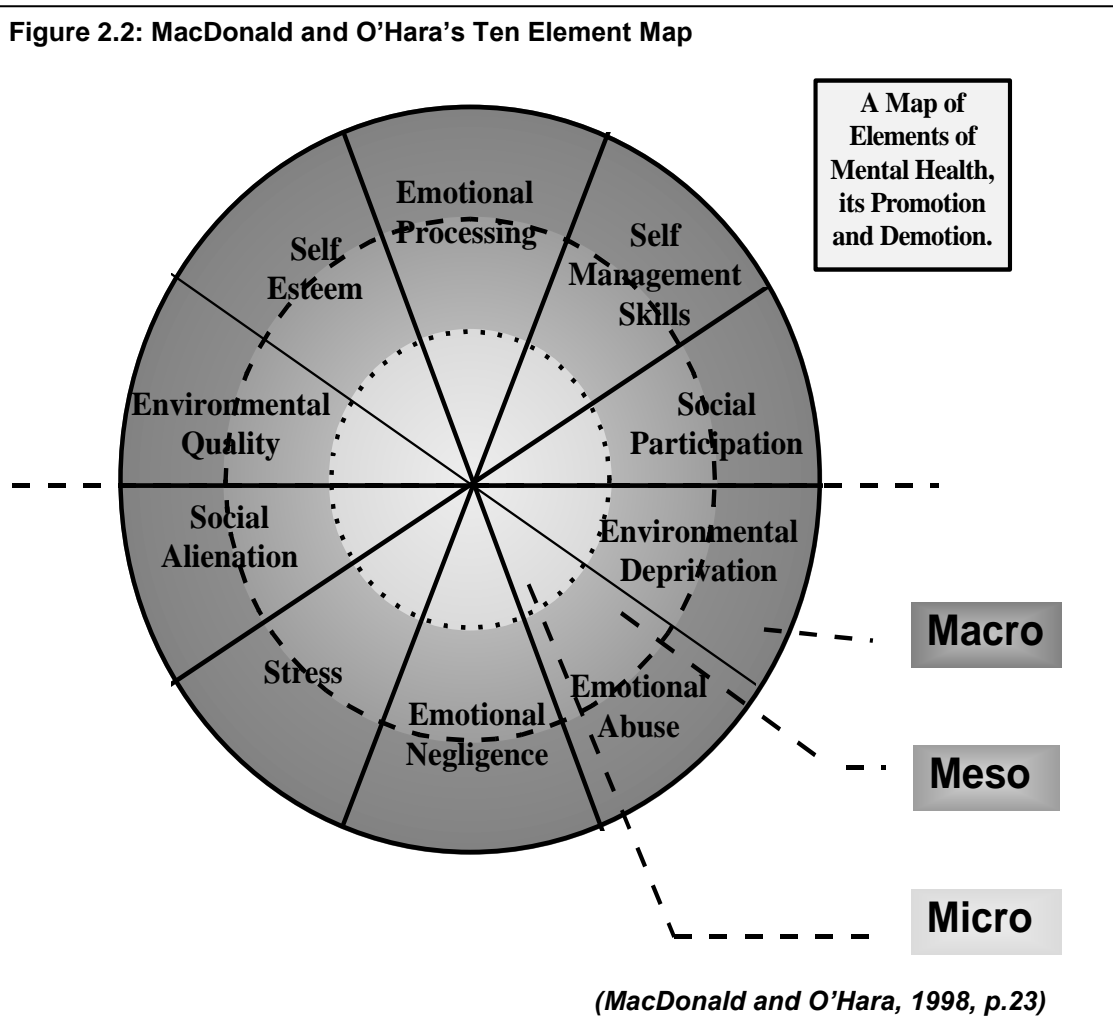
MacDonald and O'Hara sought to develop a model which goes beyond the limits which arise from the essentially pathogenic concept of mental ill-health encompassed in Albee and Ryan-Finn's analysis (MacDonald and O'Hara 1998). MacDonald and O'Hara's Ten Element Map (1998) emphasises the need to strengthen protective factors and focus on social processes at the macro and meso level in order effectively to promote individual and community mental health

Recurring themes which emerged throughout the literature (discussed in sections 2.2.2 – 2.2.5) suggest that factors such as self-esteem, self worth, resilience, participation, socioeconomics and environment all impact upon mental health and mental ill-health.

MacDonald and O'Hara (1998) seek to operationalise these contributing factors to further assist their understanding of the concept of mental health from a salutogenic perspective (Figure 2.2).

MacDonald and O'Hara (1998) adopted a psychosocial orientation to mental health, focusing on the salience of the quality and intensity of an individual's interactions with her/his social environment as powerful influences on mental health, in active contrast with, and indeed, in opposition to the then dominant biologically-focused, pathogenic, 'medical model'. In emphasising the social activities, conditions and processes which influence an individual's developments trajectory and mental health at any point in time, the Ten Element Map gives negligible attention to the characteristics of individuals and/or to biogenetic influences on mental health differences. There is however, convincing evidence that individual biological characteristics (Bronfenbrenner 1998, Bronfenbrenner and Ceci 1994, Bronfenbrenner 2001, 2005, Tew 2005) are significant in mediating environmental influences, and so influencing a person's mental health/ill-health.

The map does however, integrate environmental and social conditions across multiple interrelating systems, which are considered to have the capacity to enhance mental health and/or reduce mental ill-health.



This model resonates with Bronfenbrenner's bioecological model (1998, 2001, 2005) of human development, which again predicated upon beliefs that an individual is influenced by a number of factors within themselves, their families, their school, and within their community, whilst in turn, the mental health of each person it likely to impact upon these systems also (Harmen et al, 2006).

### 2.1.2 Bronfenbrenner's bioecological model

In common with Macdonald and O'Hara, Bronfenbrenner has been concerned with overcoming some of the limitations with traditional models of development (e.g.

behavioural genetic paradigms) and identifying factors in the ecology which influence development (Bronfenbrenner and Ceci 1994, Lerner 2005).

Bronfenbrenner's (1998, 2001, 2005) bioecological model emerged from research on genetics:

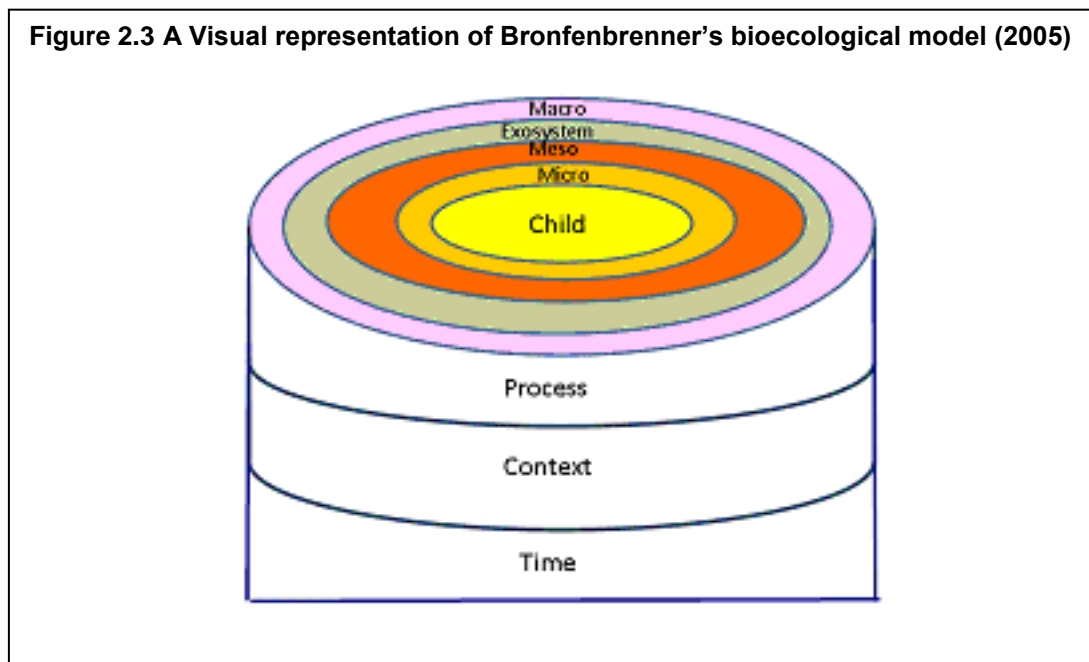
*Genetic material does not produce finished traits but rather interacts with environmental experience in determining developmental outcomes*

(Bronfenbrenner and Ceci 1994, p.571)

Psychological development (e.g. perception, cognition, emotion, motivation etc) involves psychological content. Development is the process of interactions between the individual (bio) and environmental factors (Bronfenbrenner 1998, Bronfenbrenner and Ceci 1994, Bronfenbrenner 2001, 2005). This bi-directional, interactive process is referred to as *proximal processes* through which genetic potentials are actualised over time (Bronfenbrenner and Ceci 1994, Bronfenbrenner 2001, 2005).

Bronfenbrenner (2005) asserts that proximal processes are vital for development. The bioecological model emphasises the interaction between others and the child (regarded as the *process*), and the multiple interactions between the child and environment (regarded as the *context*). One type of interaction is within the immediate context for which this process occurs (e.g. the family, classroom, peer groups, work place etc), and a further type of interaction occurs within the broader context (e.g. the social class, ethnicity, culture, religion, historical period etc).

Different proximal processes lead to differences in developmental and psychological outcomes; when proximal processes are weak, genetically based potential for effective psychological functioning remains unrealised, however when proximal processes are strong, effective psychological functioning can be actualised. Figure 2.3 provides a visual representation of Bronfenbrenner's bioecological model which integrates *process-person-context-time* (PPCT) (Bronfenbrenner 2005).



### **2.1.3 An integrated bioecological model for promoting children's mental health**

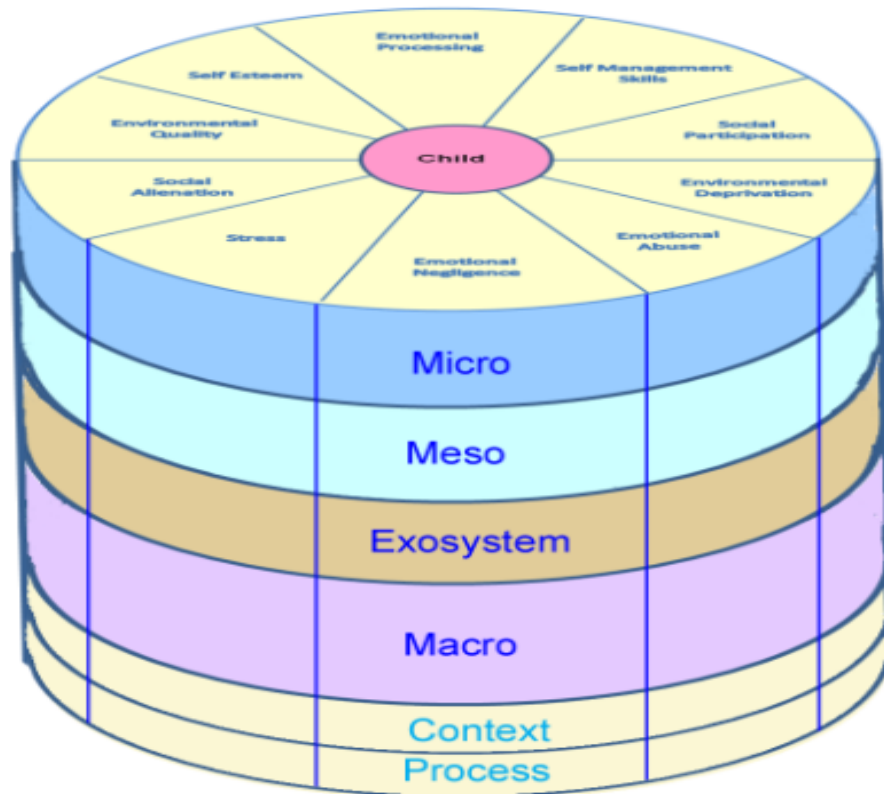
The ecological systems described by MacDonald and O'Hara (1998) and by Bronfenbrenner (1998, 2001, 2005) differ slightly; therefore for the purpose of this thesis, I have elected to integrate the two models to emphasise individual differences which impact upon mental health, *and* emphasises social and environmental factors and processes which also impact upon mental health. Table 2.1 provides a description of each level in the ecology which will be used throughout this study.



	<b>Bronfenbrenner (2005, p.xiii)</b>	<b>MacDonald &amp; O'Hara (1998, p.21)</b>	<b>This study</b>
<b>The Individual</b>	The individual person's biological, cognitive, emotional and behavioural characteristics		The individual person's biological, cognitive, emotional and behavioural characteristics.
<b>The Micro System</b>	The settings within which the individual is behaving at a given time in their life	The individual's needs and preferences	The immediate settings within which the individual is directly influenced by at a given time in their life
<b>The Meso System</b>	The interrelations amongst the micro systems	Family, community and local politics	The interrelations amongst the micro systems
<b>The Exo System</b>	Composed of contexts, those whilst not directly involving the individual, have an influence on the person's behaviour and development. It is an extension of the meso system to include the social structures which do not directly include the individual but do impact upon the immediate settings in which the individual in is	–	The contexts and social structures which have an indirect influence on the person's behaviour and development
<b>The Macro System</b>	The super-ordinate level of the ecology of human development, e.g. culture, government, policy  The macro system influences the nature of interaction with all other levels/systems	Regional, national and international approaches	The super-ordinate influences and structures which influence all layers/systems directly or indirectly

Figure 2.4 provides a visual representation of this integrated model. This model is referred to throughout this chapter in relation to literature and research regarding factors which promote/demote children's mental health. The literature explored in this chapter is critically reviewed in relation to risk and protective factors identified by MacDonald and O'Hara's (1998), and in relation to the individual and the micro, meso, exo-system and macro systems (MacDonald and O'Hara 1998, Bronfenbrenner 1998, 2001, 2005, MacDonald 2006). This conceptual framework (Figure 2.4) is also used to support the analysis of my findings in Chapter Four

Figure 2.4: Integrated model using the Ten Element Map and the Bioecological model.



(Adapted from MacDonald and O'Hara 1998 & Bronfenbrenner 1998, 2001, 2005)

## 2.2 Factors which promote or demote mental health

Sections 2.1.1 and 2.1.2 introduced MacDonald and O'Hara's Ten Element map (1998) as a framework which specifically refers to mental health promotion and demotion and Bronfenbrenner's bioecological model as a means of conceptualising psychological development. The following sections review additional research and literature relating to factors which are considered to be significant for good mental health.

I will consider how far these factors align with the Ten Element Map by plotting the research onto the integrated Ten Element Map illustrated in Figure 2.4.

A considerable volume of literature converges in demonstrating that there are a number of factors which impact upon mental health, including; personal, physical, behavioural, social, environmental, economic and cultural factors and particular life experiences (Tew 2005, Cattan 2006, DCP 2013). The Ottawa Charter (WHO 1986) identified three core areas for development which focus both on social actions and on individual change. Whilst recognising that mental health is essentially a social phenomenon, the Charter maintains that in order to bring about positive change there is a need to enhance individual skills and capacity, alongside attention to the environmental conditions:

*Promoting social change and promoting individual change  
should not be seen as being in opposition: they are two sides  
of the same coin*

(Weare, 2000, p.23).

### **2.2.1 Individual differences**

When considering mental health it is important to address what is considered 'normal', age-appropriate development. Some authors consider mental health problems as manifestations of disturbed cognitive, social and biological development and/or the direct or indirect effects of poorly developed skills/functioning in these domains (Atkinson and Hornby 2002).

Lifespan developmental theories are relevant in considering the role of development in mental health. There are a number of influential psychologists who have been

particularly dominant in the field of developmental psychology for example, Freud 1960, Erikson 1963, Vygotsky 1963, Piaget 1965, Maslow 1968, Bowlby 1969.

In coming from a particular school of thought, each theorist has attempted to explicate the way in which:

- children learn;
- develop their understanding of the world;
- how child develop social and emotional skills;
- social influences on development; and
- the child's role in their own development

(Tilford 2006).

A number of psychological theories suggest development takes place over a series of stages throughout the life span (Freud 1960, Erikson 1963, Vygotsky 1963, Piaget 1965). Whilst there are divergent theoretical assumptions with regards to the nature of the development process and the causal influences on this developmental process and outcomes, staged approaches are a helpful way of theorising development. They are however, limited in their capacity to adequately account for the multifaceted, dynamic and continuous nature of the developmental process and the complex interactions between physical, language, cognitive, social, emotional, sexual, moral, ethical and environmental domains (Atkinson and Hornby 2002).

Bronfenbrenner (1975) argues that some traditional theories of human development, including some mentioned above, are ecologically invalid, in that theory is based upon experiments which remove the child from their natural and familiar setting. He emphasises the need to consider the child's ecology.

Personality and personality development interact with a number of other forces, including the family system (Caplan, 1959) and interactions with other levels of the social system, the meso and macro (Atkinson and Hornby 2002). Many theories place too much focus on the individual. The interplay between genetic *and* social factors needs to be addressed when considering effective development and mental health promotion (NAMCH 1996, MacDonald and O'Hara 1998, Tew 2002, Bronfenbrenner 2005, Tew 2005, MacDonald 2006, Barry and Jenkins 2007, DCP 2013):

*It is a very one-way model of how the inner translates to the outer; a picture of one way traffic. Nowhere is there any reference to traffic in the other direction.*

(MacDonald and O'Hara, 1998, p.11)

However, the question still remains *how do some people remain mentally healthy despite adverse experiences, whilst others experience emotional distress despite living in what would be considered safe, secure and nurturing environments?* There are complex interactions between the risk and protective factors, which are not easily understood (Atkinson and Hornby 2002, Jew 2011).

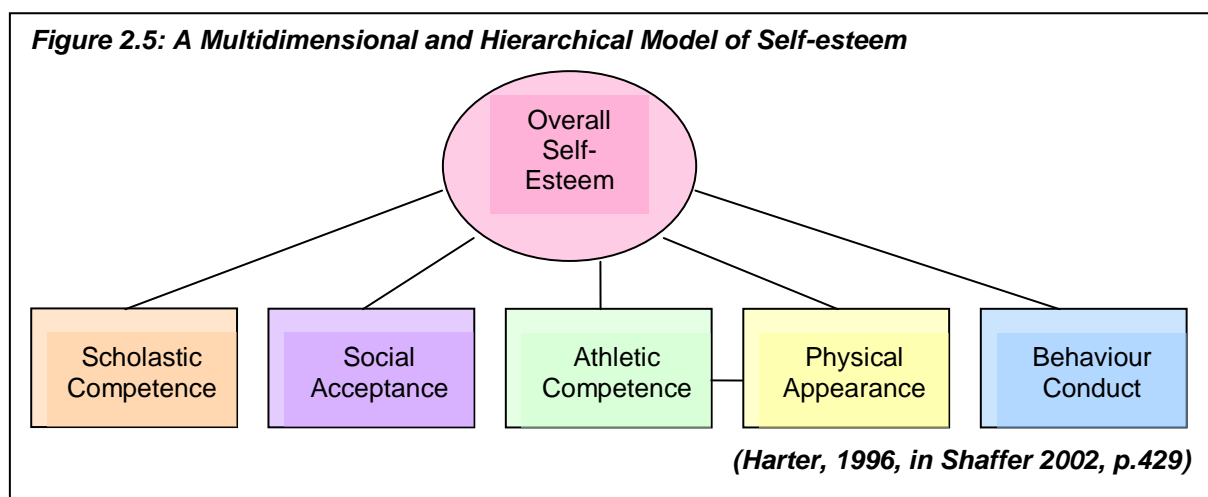
Sections 2.2.2 – 2.2.5 present a review of literature regarding a number of additional factors associated with individual development and mental health from a bioecological perspective. While these factors do not always align perfectly with the elements proposed by MacDonald and O'Hara (1998), I have organised the following

review of literature into themes congruent with MacDonald and O'Hara's elements in order to support the conceptual coherence of this account.

## 2.2.2 Self-esteem and self-worth

As children develop they also begin to evaluate themselves, referred to as self-esteem. Acquisition of self-esteem and self-worth is considered to be fundamental to healthy development (Harter 1996, Shaffer 2002, Shaffer 2010).

Erickson's psychosocial model of development (1963) presents a model which suggests development is a life long process, involving other people in order to determine what is distinctive about the self (Shaffer 2002, 2010). Self-development can therefore be described as a multifaceted social cognitive process which continues through childhood and beyond. Figure 2.5 presents a number of dimensions considered to be fundamental features of self-esteem (Harter 1996).



According to Harter (1996), children aged 4-7 years tend to rate themselves highly on all of the domains identified in Figure 2.5. It is suggested that positive assessment of

the self reflects a desire to be liked or be good at certain things, rather than a reflection of a firm sense of worth. Harter (1996) asserts that it is around the age of 8 years that children start to make evaluations of themselves in relation to their peers and by adolescence; self-worth becomes centred on interpersonal relationships (Dweck 1999). There is strong evidence that people are driven by a need to form relationships and to belong in order to protect their self-concept (Baumeister and Leary 1995).

Other contributions to self-esteem include parenting styles and peer influences (Shaffer and Kipp 2010). People seek to validate their own thoughts, feeling and perceptions of themselves from other people (Humphery and Mullins 2002). In cultures, especially Western, where competition and individual accomplishment are highly regarded, children, from a young age make comparisons between themselves and their peers. This comparison increases with age; therefore it is not surprising that this *social comparison* plays a role in shaping children's self-esteem (Shaffer, 2002).

Research suggests that securely attached children do better than their peers academically; in addition, a stimulating home environment has also been show to promote an intrinsic orientation to achievement (Gottfried, Fleming & Gottfried, 1998), along with setting high standards and encouragement, without being too critical. A child's peer group is also an important influence on academic achievement and sense of self-worth.

Self-development, self-esteem and self-concept is not monolithic but rather something which is malleable over time, situation specific, often domain specific and influenced by social interactions (Erickson 1963, MacDonald and O'Hara 1998,

James and James 2008). Therefore, we learn this belief like we learn all others (MacDonald and O'Hara 1998).

Self-development is influenced by life experiences; adverse life events considered to be associated with mental distress include loss, deprivation, neglect, and trauma (Tew 2005, DCP 2013):

*(abuse) sets about to undermine and destroy our underlying belief about our worthiness and significance as a person in our own right, either directly as through mental torment or physical or sexual abuse, or indirectly through systematic and sustained criticism, denial of our uniqueness and significance, devaluation of our values, or the sabotaging or undermining our competencies and our success*

(MacDonald and O'Hara 1998, p.18).

The above mentioned research indicates that adverse life events may increase an individual's susceptibility to mental ill health or distress (Tew 2011, DCP 2013), therefore acting as a demoting factor to mental health promotion.

### **2.2.3 Self-management and resilience**

Psychological resilience is a concept often used to refer to an individual's capacity to cope with stress and adversity. Resilience can be defined as:



*reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences*

(Rutter 2006, p.2).

Resilience is often used to explain the fact that some individuals attain relatively good psychological outcomes despite suffering adverse experiences which, research evidence suggests would more usually bring about psychological distress (Tew 2005, Rutter 2006, DCP 2013).

Resilience is most commonly understood as a process, not a trait of an individual (Rutter 2012). It can be described as an interactive concept which has increasingly been considered central to mental health (Joubert and Raeburn 1998, Seedhouse 1998, Weare 2000, Tew 2005). Emphasis is placed on the importance of supportive environments to enhance and develop individual resilience, alongside recognition of individual differences which will differentially mediate individuals' responses to similar environmental conditions.

MacDonald and O'Hara actively reject the use of the construct of resilience with its strong connotations of coping with adversity, however, arguing that such the terminology risks suggesting a reactive stance. They argue that mental health is:

*about some much more positive, illuminating, liberating and even spiritual engagement with life and its adversities than simply 'coping'*

(MacDonald and O'Hara 1998, p.16).

In an attempt to include a broader range of skills, which are more varied, holistic proactive, and involve a more internal locus of control, they preferred the term 'self-management skills', arguing that effective self-management allows young people to avoid and escape from adverse environments, rather than simply coping with them.

Exposure to adversity at a young age is considered to be a significant risk factor for mental disorders (WHO 2013). However, positive social circumstances alone do not ensure resilience, Tew (2011) advocates that it requires positive experiences of empowerment, affirmation, achievement and connection (Tew 2005).

#### **2.2.4 Social inclusion and social participation**

A broader question still remains: *what are the underlying social conditions which lead to people being at risk of mental ill health?* Tew (2011) suggests that is it how an individual adapts as a person (*personality adaptations*) to social experiences which determines how effectively they deal with challenging or stressful situations.

Protective factors include individual characteristics (such as temperament and intelligence), family factors (such as supportive family and good relationships), and environmental factors (The MHF 1999). Children's 'well-being' can therefore be defined as an ecological concept, with family and community playing a vital role in children's learning and development, which occurs through:

*guided participation in social activity with companions who support and stretch children's understanding of and skills in using the tools of culture.*

(Roberts, 2011, p.198)

A report by the Social Exclusions Unit (SEU 2004) explored mental health problems and social exclusion. The report suggests that mental health problems lead to a cycle of exclusion and particular adverse life experiences may prevent people from accessing appropriate social support (Tew 2005). The SEU report (2004) offers several explanations as to why this exclusion occurs following a diagnosis of mental illness. The report suggests that it is a result of:

- stigma and discrimination;
- lack of support to enable people to work;
- ineffective multagency collaboration; and
- poor training on mental health issues for professionals.

From a salutogenic perspective, I would suggest that the starting point for exclusion is not the diagnosis of mental ill-health, but rather the poor social conditions and the additional factors noted above which lead to mental distress. Whilst not explicitly endorsing a salutogenic perspective, the SEU report does campaign for stronger links between health, social care and employment sectors, with better access to education, volunteering and leisure facilities, all of which they assert, can be achieved through better transport, housing and financial stability.

Bronfenbrenner (2005) identifies the role family and peer relationships have to play:

*(there is a need to) understand the family's influence on children's development as itself embedded in larger circles of influence, including influences such as television, parent's jobs and job prospects, and community cohesion (...) likewise peer pressure must be accepted as a source of both positive and negative influence, depending in part on the structures for peer interaction that adults create*

(Bronfenbrenner, 1967, in Bronfenbrenner, 2005, p.201).

He states that in order to overcome many of the individual and social problems identified throughout this chapter, there must be opportunities for children and adults to pursue super-ordinate, community centred goals by engaging in common tasks together. Communities need to integrate across all gender, age, race and culture (Bronfenbrenner 2005).

### **2.2.5 Social capital, deprivation and environmental factors**

In contrast to social exclusion and social participation, 'social capital' and deprivation have also been identified as a factor associated mental health and/or mental distress (MacDonald and O'Hara 1998, Tew 2005, Ferragina et al 2013). Those from low income households:

*can become socially, politically and economically detached from mainstream society and its associated resources and opportunities*

(Ferragina et al 2013, p.8)

and therefore, exposed to greater risk of poor mental health.

The recent report from the Joseph Rowntree Foundation (Ferragina et al 2013) identifies poverty as the most significant factor which prevents people from participating in society. The report measures participation in society according to levels of deprivation, social participation and trust. The report further identified educational attainment as linked with participation; the higher the qualification the greater the level of participation. Findings also indicate that children's friendships and social participation did not appear to be affected by the income levels of the household in which they lived (Ferragina et al, 2013).

The social model of mental health endorsed by MacDonald and O'Hara (1998) also emphasises that deprivation and adverse environmental factors such as poverty, poor housing and lack of transport can affect mental health. They state that good mental health can be enhanced by positive environmental factors, including aesthetically pleasing buildings and landscape, good housing and transport which is sustainable (McDonald and O'Hara 1998).

A report from the NAMHC (1996) maintains that risk and protective factors are influenced by membership of particular cultures, and experiences within these contexts, which influence psychological processes, including self-concept, self-

identity, emotional development and motivation (Hogg and Vaughan 2002, Shaffer 2010, Ferragina et al 2013). Albee and Ryan-Finn (1993), however, state that it is social class and economic security which are associated with mental health/ill-health, with age, gender, race or culture appearing to be moderately low in comparison:

*Research has demonstrated strong correlations between the incidences of mental distress and a range of indicators of social disadvantage (...) what is less clear from this research is the degree to which it is the social deprivation itself which is damaging, or whether it is the perceived injustice of being made to feel inferior*

(Tew, 2011, p.3).

Low socioeconomic status can be associated with poor housing, deprived family and community opportunities, limited employment opportunities and restricted opportunities to develop social networks, and can thus contribute to mental distress and emotional difficulties in children, which risks continuing throughout the lifespan (NAMHC 1996). It is widely accepted that the risks are multiplicative: the more risk factors a child is exposed to, the more likely they are to experience some form of mental distress (Reiss 1996, NAMHC 1996, Atkinson and Hornby 2002).

### **2.2.6 Summary**

A review of relevant literature indicates that there is substantial evidence that adverse life events may increase an individual's susceptibility to mental ill-health or

mental distress (Tew 2005, DCP 2013). A number of studies make causal claims for links between risk factors and mental ill-health, these include:

- links between physical, emotional and sexual abuse on mental health across the life span (Tew 2005, Trickett and Negriff 2013, DCP 2013);
- links between homelessness and mental health issues, especially in young people (The Mental Health Foundation 2006a); and
- other adverse life events considered to be associated with mental distress include loss, deprivation, neglect, trauma and victimisation (Tew 2005, DCP 2013).

This chapter has illustrated that a broad perspective is needed when considering the risk and protective factors which influence mental health (Albee and Ryan-Finn 1993, National Advisory Mental Health Council (NAMHC) 1996, MacDonald and O'Hara 1998, Weare 2000, Bronfenbrenner 2005, Tew 2005, Tilford 2006, MacDonald 2006 DCP 2013).

There are a range of individual, biological, psychological and social conditions or factors which either facilitate or inhibit positive mental health, including; protection and security, a sense of self-worth and resilience, and opportunities to contribute. In addition, there are a number of extensive higher needs, including social support, secure relationships, acceptance by others, membership of a group, respect, approval, self respect and dignity, freedom and self fulfilment (MacDonald and O'Hara 1998, The Mental Health Foundation 1999, Weare 2000, Bronfenbrenner 2005, Tew 2005, Ferragina et al 2013).

*In summary*, development and mental health is influenced by the bidirectional and circular relationships between an individual and other multiple social forces, including family, community, national and historical influences (Caplan 1959, Bronfenbrenner 1979, Bronfenbrenner and Morris 1998, Bronfenbrenner 2005, Tew 2005, DCP 2013)

*everything is interlinked (...) it does not matter which way we move as long as we realise we are dealing with a circular system, that all of these things are integrally linked together.*

*Nothing comes first*

(Caplan 1959, p.7).

The risk and protective factors discussed in this chapter align with the factors and interrelating social processes identified by MacDonald and O'Hara (1998). Individual, psychological, social and environmental risk and protective which promote and/or demote mental health are underpinned by a literature from a broad range of disciplines and continue to be empirically ground in current research (Table 2.2), suggesting that social factors have a greater impact than biological factors (Bronfenbrenner 2005, Tew 2005, DCP 2013).

The Ten Element Map integrates environmental and social factors across multiple interrelating systems, which if increased, enhance mental health and those factors which if diminished, reduce mental ill-health. Figure 2.6 summarises factors identified in this chapter which may promote or demote children's mental health from a bioecological perspective.

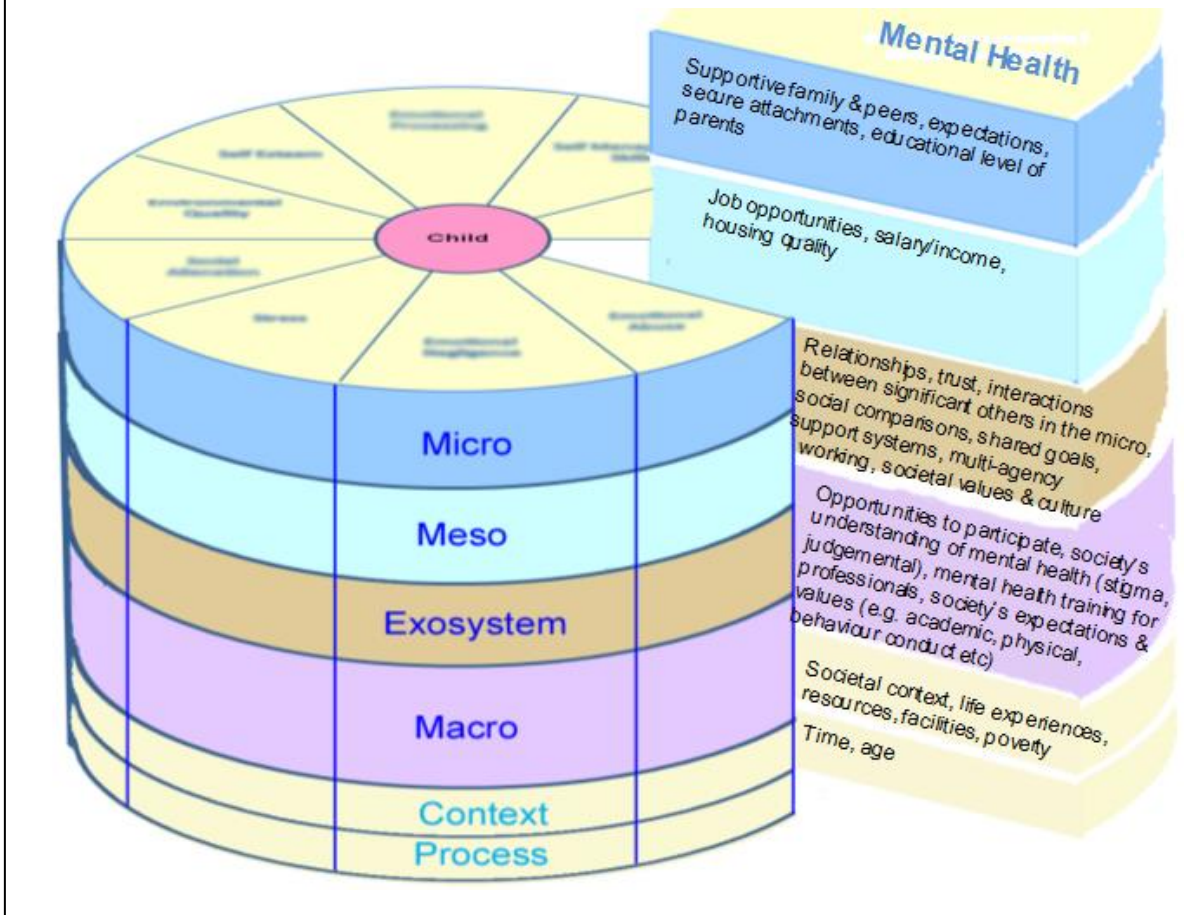


**Table 2.2: Literature supporting the elements of the Ten Element Map**

<b>Element</b>	<b>Promotion</b>	<b>Demotion</b>	<b>Examples of Supporting Literature</b>	
<b>Environmental Quality</b>	A range of factors including: good amenities, aesthetically pleasing buildings and landscapes etc.	Lack of places to play, threat of violence, poverty and debt	<ul style="list-style-type: none"> <li>• Albee &amp; Ryan-Finn (1993)</li> <li>• MacDonald (2006)</li> <li>• Atkinson &amp; Hornby (2002)</li> <li>• Social Exclusion Unit (2004)</li> <li>• Tew (2011)</li> </ul>	<ul style="list-style-type: none"> <li>• The Mental Health Foundation (2006a)</li> <li>• NAMHC (1996)</li> <li>• The Mental Health Foundation (1999)</li> </ul>
<b>Self Esteem</b>	Feelings of worthiness and significance as a person: how we see ourselves impacts on what we do.	Undermining the belief of worthiness and significance as a person.	<ul style="list-style-type: none"> <li>• Albee &amp; Ryan-Finn (1993)</li> <li>• MacDonald (2006)</li> <li>• Atkinson &amp; Hornby (2002)</li> <li>• Western (2002)</li> <li>• The Mental Health Foundation (1999)</li> </ul>	<ul style="list-style-type: none"> <li>• Trickett and Negriff (2013)</li> <li>• Bowlby (1988)</li> <li>• Harter (1996)</li> <li>• Shaffer &amp; Kipp (2010)</li> <li>• Weare (2000)</li> </ul>
<b>Emotional Processing</b>	An awareness that how we feel is important and an awareness and respect for the feelings of others.	Neglect in helping people to develop and express emotional life.	<ul style="list-style-type: none"> <li>• MacDonald (2006)</li> <li>• The Mental Health Foundation (1999)</li> <li>• Bowlby (1988)</li> </ul>	<ul style="list-style-type: none"> <li>• Shaffer &amp; Kipp (2010)</li> <li>• Weare (2000)</li> <li>• DCP (2013)</li> </ul>
<b>Self Management</b>	Wider than, but including coping, linked to all other elements.	Stress in its widest form. Will be different for everyone.	<ul style="list-style-type: none"> <li>• MacDonald (2006)</li> <li>• The Mental Health Foundation (2006b)</li> <li>• Joubert and Raeburn (1998)</li> <li>• Seedhouse (1998)</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Shaffer &amp; Kipp (2010)</li> <li>• Tew (2011)</li> <li>• Foresight (2008)</li> <li>• Weare (2000)</li> <li>• Bowlby (1988)</li> </ul>
<b>Social Participation</b>	Active involvement in give and take. Based on difference, diversity, acceptance and respect.	Exploitation and social exclusion.	<ul style="list-style-type: none"> <li>• Albee &amp; Ryan-Finn (1993)</li> <li>• MacDonald (2006)</li> <li>• Bronfenbrenner (2005)</li> <li>• Social Exclusion Unit (2004)</li> <li>• Weare (2000)</li> <li>• Ferragina et al (2013)</li> </ul>	<ul style="list-style-type: none"> <li>• The Mental Health Foundation (2006a)</li> <li>• NAMHC (1996)</li> <li>• Shaffer &amp; Kipp (2010)</li> <li>• Tew (2011)</li> </ul>

*(Definitions of the ten elements are adapted from Hall, 2010, p.326)*

**Figure 2.6: Factors from a review of the literature which promote or demote mental health**



It is widely accepted in policy (local and national) and research that the school is an influential system, plays an important role in supporting the emotional well-being and promoting the mental health of all children and young people and in prevention of mental disorders (Weare 2000, The WHO 2001, Atkinson and Hornby 2002, Hornby and Atkinson 2003, OFSTED 2005, Barry and Jenkins 2007, the WHO 2013).

I now provide a critical overview of relevant literature which focuses on mental health promotion in schools.

## **2.3 Review of school interventions aiming to promote mental health**

Recent international and national policy and guidance (such as OFSTED 2005, MHF 2007, DCSF 2008, DoH and DfE 2008, DfE 2011, WHO 2013, MHF 2013) note the importance of promoting mental health at a community level (discussed in Chapter One). The Department of Health (2011) states that much still needs to change, with more emphasis on structures and processes rather than on outcomes with greater investment in the promotion of mental health and well-being is required.

Currently the National Curriculum lies at the heart of policies to raise academic standards. It sets out a clear, full and statutory entitlement to learning for all pupils. A review of the curriculum in 1999, signified a recognition to reflect the fact that education should also support pupils to develop not only knowledge but also skills to live healthy and meaningful lives in order to contribute to society (DfEE 1999a). This position has been further advocated through the Mental Health National Service Framework (DoH 1999, DoH & DfES 2004) which recognises the need to build capacity and capability in learning, development at an organisational, professional and personal level, with a need to share good practice.

Despite a report by OFSTED (2005) which set out to examine the role schools play in promoting emotional well-being in children and young people, the responsibility schools have to promote mental health and emotional well-being has not been afforded a statutory role.

Whilst schools do not have an official statutory role to promote children's mental health, there have been a number of government backed proposals and reviews

which have aimed to explore how children's health, education and social care services are contributing to the mental health and psychological well-being of children and young people (DoH & DfE 2008, DfE 2010, DfE 2011).

A report from the Government Office for Science, Foresight (2008) emphasised the need to, through early intervention; improve prosocial behaviour, improved attitudes to independent learning throughout the life-span and the development of stronger resilience (Foresight 2008). More recently, the Children and Families Bill (DfE 2013) resonates with much of the literature already discussed, which emphasises the need for a focus on the whole system to provide safe, high-quality care and education for children, ensuring that all children can succeed, no matter what their background.

My study positions schools as highly influential social environments which either promote or demote mental health. School provides a socialising context, a source of friends, social networks and adult role models (Barry and Jenkins 2007). Mental health promotion and prevention is currently addressed through a 'tiered' or 'waved' approach (discussed in 1.2.5). The literature reviewed in this chapter was primarily concerned with research which promotes mental health at a whole-school level (e.g. Wave One), advocating an ecological understanding development.

Whole-school approaches are generally described as:

*changes to the school environment as well as the curriculum and involve parents, families and the local community (...) a comprehensive approach with the use of coordinated and*

*multiple strategies aiming to bring about change at the levels of the individual, the classroom and the school*

(Barry and Jenkins, 2007, p.208)

The general consensus is Wave One, whole-school interventions, are more effective long-term and benefit a wider population compared to Wave Three, individual intervention (MacDonald & O'Hara 1998, Durlak & Wells 1997, Weare 2000, Wells et al 2003, MacDonald 2006, Tilford 2006 and Greenburg 2009).

There have been a number of studies which examine school-based interventions to promote mental health. Section 2.3.i provides an overview of some of the extensive research carried out in this field which has been influential in conceptualising mental health promotion in schools and informing the design of this current study.

### **2.3.1 Whole-school approaches to mental health promotion: overview of the literature**

Seeking to identify factors which influence children's well-being, Sixsmith et al (2004), explored both positive and negative factors impacting upon well-being. In summary, they identified positive factors which included feeling happy, having confidence, self-assurance, pride, independence and autonomy, all of which were linked to good relationships and the way in which the school was organised. Negative feelings arose from boredom at school and frustration, both of which were linked to high and low expectations of school staff with regards to academic ability. (Sixsmith et al 2004)

Over fifteen years ago, Durlak & Wells (1997) used a meta-analysis of primary prevention programmes for children and adolescents. They aimed to explore if mental health promotion led to a reduction in maladjustment:

Durlak & Wells (1997) differentiated interventions into two major dimensions:

- I. Wave Three individual interventions, which focused on intervention to develop the skills of an individual/small group; or
- II. Wave One interventions, which focused on ecological intervention, directing change and modification at the community level.

A little more recently, Wells et al (2003) conducted a systemic review of universal approaches to mental health promotion in schools. They identified a number of different approaches used within schools to promote mental health:

- I. those aimed at children already manifesting signs of mental health problems (e.g. Wave Two);
- II. those aimed at improving the mental health of those children considered to be at risk of developing mental health problems (e.g. Wave Three); and
- III. those programmes which aimed to improve the mental health of the whole population of children (e.g. Wave One).

These approaches to intervention were similar to those described by Durlak & Wells (1997).

Hornby & Atkinson's (2003) study identified four levels within the school which were considered essential for effective mental health promotion. Their research informed development of a framework aimed at supporting schools to review provision for children with mental health problems, and consider mental health promotion.

Hornby & Atkinson's (2003) proposed framework for promoting mental health, adopted a different approach to Durlak and Wells (1997) and Wells et al (2003), rather than focusing on the individual, they presented an ecological perspective (e.g. Wave Three intervention) to illustrate factors within the school ecology essential for effective promotion of mental health:

- I. the school ethos, which is considered to be an integral component of the way that a school functions, in which everyone is involved and has responsibility to promote mental health;
- II. whole-school organisation; by which they refer to putting mental health onto the school agenda, ensuring that it is embedded into policies;
- III. pastoral provision; which includes implementing programmes to support and promote mental health, and having effective procedures for identifying mental distress and appropriate strategies for intervening; and
- IV. the classroom; this refers to practice which is based on a thorough understanding of children's development and advocates focusing on i) rapport, ii) developing self-awareness and an understanding of emotions, and iii) active listening from adults.

Whilst these meta and systematic analyses provide a comprehensive account of some of the factors and conditions required for effective mental health promotion,

analyses of this nature are not without their limitations. Differences in the social programmes which comprise the reported intervention in the different studies, alongside differences in language used in conceptualising and reporting studies is likely to affect the reliability of findings: for example, *are they all measuring the same thing?*

Further exploration of the individual studies reviewed in Durlak and Wells' (1997) meta-analysis and also of those cited in Wells et al's (2003) systematic review, highlighted that much of the reviewed research focused on targeted intervention (Wave Two and Three) aimed at those children identified as being 'at risk' of developing mental distress, or those who had already been diagnosed with a mental health disorder. Therefore, advocating a pathogenic perspective as opposed to salutogenic view of mental health.

Additional limitations of the literature reviewed regarding promoting mental health in schools, which influences the reliability, validity and overall trustworthiness of the conclusions made, include:

- inconsistency between studies in the outcome measures used;
- differences between studies in the intervention/promotion strategies used, resulting in difficulties in aggregating research findings, since each study measure the impact of a different intervention;
- the age of many of the children was not reported;
- the degree of teachers' knowledge and understanding of mental health is rarely taken into account or reported or when evaluating the effectiveness of interventions; and



- very few follow-up studies have been undertaken; therefore the longer-term impact of interventions remains unknown.

However, a number of recommendations have been made for future practice and intervention, based on these reviews, these include:

- a need to collect follow up data to determine which immediate outcomes are associated with longer-term adjustment (Durlak & Wells, 1997);
- Wave Three, universal approaches are likely to be more effective long-term. However, a combination of Wave Three and Wave Two/One targeted intervention is more likely to achieve optimum results (Wells et al, 2003); and
- a need for school staff to be aware of their role in contributing to whole-school mental health promotion. This includes an awareness of the influencing factors at different levels within the school, ability to identify different mental health problems and appropriate strategies for dealing with them (Hornby & Atkinson, 2003).

Developments surrounding these last two recommendations are evident in the more recent reviews of school-based intervention. More recent recommendations include:

- a need for everybody to recognise the part they can play in supporting children by having a good understanding of what mental health is and how they can promote resilience in children and young people (*DoH & DfE CAHMS Review 2008*);
- a need for schools to prioritise mental health promotion before behaviours become entrenched. Schools are encouraged to use manualised approaches with an evidence base, which needs balancing with ownership and

personalisation in order to implement whole school and targeted interventions (*DfE Me and My School TAMHS Review 2011*).

- a need to overcome challenges in implementing, assessing and evaluating whole school approaches to promote general mental health (*DfE SEAL Evaluation 2010*); and
- a need for all staff in universal services to have a greater understanding of their role in promotion, prevention and early intervention. This includes improved access to information and advice about what support is available.

Based on the literature reviewed spanning from 1997 - 2011, I would conclude at this stage that the recommendations made nearly ten years ago are similar to current guidance offered to schools. *In summary*, whole-school approaches identified as being particularly effective are those which include:

- positive relationships (between staff, parents and pupils);
- parents, the wider community services;
- early intervention;
- have a clear vision which is communicated throughout the school, supported by senior leadership teams; and
- mental health promotion is considered to be a high priority for the school

(Weare 2000, Hornby and Atkinson 2003, Barry and Jenkins 2007).

### **2.3.2 Implementing effective intervention**

As noted in sections 1.2.5 and 2.3.1, schools can be one of the most conducive environments to promote children's mental health and support multi-level multi-modal

intervention. Strong evidence from meta-analysis and systematic reviews (Durlak and Wells 1997, Wells et al 2003) and in more recent policy (DoH and DfE 2008, WHO 2013, DfE 2013) illustrate a shift from a focus on the individual to whole-school approaches (Rowling, 2009). However, research regarding *how* programmes are implemented in real-world conditions remains an under-developed area (Greenburg et al 2005, Rowling, 2009, Kelly and Perkins 2013). Durlak & DuPre (2008) assert that intervention is only the starting point for improving mental health, effective implementation is the challenge:

*Transferring effective programmes into real world settings  
and maintaining them is a complicated, long-term process.*

(Durlak & DuPre, 2008, p.327)

The effectiveness of applied psychological theory has proven difficult to monitor in real-life contexts (Kelly 2012). Many programmes implemented in schools which aim to promote children's mental health or prevent mental distress do not include implementation as a component of the evaluation (Durlak & DuPre 2008). Difficulties tend to arise in the transfer of evidence-based practice into the real-world context which lack experimental rigor, resulting in programmes rarely being implemented in the same way as when first evaluated (Greenburg et al 2005, Kelly 2012):

*Without implementation information, it is impossible to  
interpret the significance of specific programme elements or  
to understand the effects of the changes made during the  
transfer*

(Greenburg et al, 2005, p.8).

Intervention does not occur in a vacuum: contextual factors such as:

- characteristics and knowledge of practitioners implementing intervention (Kelly 2012); and
- existing school structures (Durlak and DuPre 2008)

can all impact upon the effectiveness of the intervention (Kelly 2012).

Key characteristics for building the capacity for schools to implement whole-school intervention to promote children's mental health include; assessing the capacity of the school, involving of the whole school and in making changes to the psychosocial environment and implementation over time (Durlak and DuPre 2008, Rowling 2009).

Further limitations which will constrain the reliability and validity of the conclusions made by Durlak and DuPre include:

- inconsistent and unsystematic methods of identification. In some cases, normative assessment of behaviour, or teachers' previous experiences were drawn upon to formulate judgements for identification. (Rithi, Leavey and Best 2007);
- difficulties in trying to distinguish between mental health and social and emotional development/mental distress and social, emotional and behavioural difficulties (BESD) (Rithi et al 2007);
- use of a range of designs and methods in the studies which were reviewed. Some studies used randomised controlled trials, whereas other compared interventions which were already in place;

- the targeted interventions reviewed were different in each study, and the criteria for 'success' or 'effective intervention' was measured differently across the studies; while
- in some studies, payment was offered as an incentive to participate, which may well have skewed satisfaction ratings.

The literature and policy introduced in Chapter One indicated the suggestion that school staff should be more involved with the promotion of mental health of children is widely accepted. However, there continues to be tensions with implementing and delivering such programmes, for example additional guidance and training for staff, and additional funding to meet such standards set out by the government and other organisations (such as MHF 2007, DoH and DfE 2008, DoH 2011, WHO 2013) (Hornby and Atkinson 2003, Weare 2000, Rothi et al 2008).

This section has highlighted a need for increased attention and better understanding of the implementation process of intervention programmes, prevention and promotion in this field (Greenburg et al 2005, Durlak and DuPre 2008, Kelly and Perkins 2013, Kelly 2013). Recommendations to achieve this include:

- a need for consistent language across disciplines (Rowling 2009); and
- a need for further research and examples of good practice models (Rothi et al, 2008) to achieve stronger outcomes for all (Durlak and DuPre, 2008).

This Chapter whilst emphasising a need for the promotion of children's mental health in schools and for implementation of interventions to be grounded in theory (Greenberg et al 2005, Durlak & DuPre 2008), has also raised questions such as:

*What can be done in this community (...) to strengthen the sense of comprehensibility, manageability and meaningfulness to the persons who constitute it?*

(Antonovsky, 1996, p.16)

For interventions which aim to promote children's mental health to be more robust, there is a call for practitioners, researchers and policy makers to adopt a shared framework, which facilitates the exchange of information and communicates relevant research and a greater understanding about relevant contextual factors and processes which impact upon the quality and effectiveness of intervention and implementation (Antonovsky 1996, Greenburg et al 2005, Kelly 2013).

## **2.4 Conclusions**

This chapter has argued that mental health is far more than the absence of mental illness, and that mental health is either promoted or demoted by individual, social and environmental influences embedded in cultural values and experiences. Mental health and mental ill-health are influenced by multi-directional relationships between an individual and social and environmental forces.

There has been a great deal of policy, guidance and literature which locates schools as highly influential places to promote and develop children's mental health. There is substantial guidance on providing whole-school and targeted intervention in order to meet the needs of all children within the school community.

An ecological approach for intervention which promotes children's mental health should build upon existing school structures, culture and capacity (Hornby and Atkinson 2003, Greenberg et al 2005, Durlak and DuPre 2008, DCFS 2008) and seek to enhance protective factors, (e.g. positive behaviours and/or environmental factors) in an attempt to reduce the likelihood of mental distress and increase the possibility of positive mental health (Durlak & Wells 1997, DfE 2011). A combination of universal (e.g. Wave One) and targeted (e.g. Wave Two) programmes would therefore be required to cater for the needs of all children in a school (Barry and Jenkins, 2007).

School-based intervention aimed at promoting children's mental health, should be grounded in theory and within a systemic framework which reflects the school community's culture and context and existing capacity. Interventions for promoting children's mental health should aim to be compatible with community values; they should be designed in and with local communities, giving them greater ecological validity.

The research which forms the focus for this volume of my thesis (Phase-Two: the first part of an action research inquiry) was concerned with working collaboratively with one primary school to explore the social and environmental factors in that school which may promote (or demote) children's mental health. Having extensively reviewed the literature on factors which influence mental health and mental ill-health, the MacDonald and O'Hara Ten Element map (1998) was considered to afford an effective framework which could be used to structure my inquiry into how one primary school could develop its practices for promoting children's mental health. Chapter Three describes this two-phased study.

# **Chapter Three**

## **Design & Methodology**

Building upon the literature discussed in Chapters One and Two which explored mental health promotion and whole-school approaches promoting children's mental health, this chapter provides details of the aims of this current study, and the methods adopted in pursuit of these aims. I present a detailed account and rationale for the design and methodology. Salient ethical considerations are discussed, as is the trustworthiness of these chosen methods, and measures taken to overcome identified limitations.

### **3.1 Context of the study**

An initial scoping exercise was carried out in Fernston where I am currently on placement. In my role as TEP (through supervision), I deliver educational psychology support to a number of schools within this town.

According to the 2011 census, Fernston has a population of just under 77,000 people, the majority of whom are white British; only 2% of the population are from ethnic minority backgrounds.

There are 32 primary schools in Fernston. According to the most recent OFSTED reports for each school, approximately 47% of the mainstream primary schools have below the national average number of children on role with special educational needs, whilst approximately 13% of the mainstream primary schools have above average numbers of children on the special educational needs register.



In 2012, Fernston Council carried out a comprehensive profile of factors and trends considered to affect health and well-being. Some of the key findings from this analysis which are relevant to my study are:

- at the time of the study, many sub-areas of Fernston fell within the most deprived fifth of areas in England, making up 17% (about 2,600 children) of the child population (aged under 16);
- around 15,600 people (20%) are defined as living in the most disadvantaged quintile nationally for geographical access to services;
- in 2011, 49% of Fernston pupils achieved five or more A\*-C grades at GCSE level including English and Maths. This is ten percentage points lower than the average in England and seven percentage points lower than the Oakshire average;
- at the time of the report, the proportion of children identified with some type of special educational need in Fernston is 21% (2,140 children). This is higher than the England average of 19%; and
- the estimated numbers of adults suffering mental ill-health in Fernston is significantly lower than the rest of England.

My study focused solely on mainstream primary schools in Fernston. The rationale for this decision derived from findings from a number of reports (DoH/DfES 2002; OFSTED 2005; NICE 2008), which indicated that schools in general were struggling to meet the Government requirements for promoting children's mental health. These reports also stated that secondary schools in particular were finding it difficult to meet these requirements; therefore I assumed there may be more existing good practices in primary schools on which to build. Special schools were not included in my sample

as there was only one specialist primary school in Fernston, which would have restricted sampling opportunities for the second phase of this inquiry.

### **3.2 Research aims**

The overarching aim of this study was to further enhance the promotion of children's mental health in primary schools. In order to achieve this, my initial scoping exercise sought to gain a broad understanding of current practices in place to support and promote children's mental health in mainstream primary schools in Fernston.

A second aim was to build upon this initial analysis, identifying and working in collaboration with staff, children and parents from one primary school in order to further develop their existing practices to promote children's mental health in their school. This second phase of the study was grounded the principles of action research (AR).

This study was organised within two phases. The first phase comprised a scoping exercise to gain a broad understanding of current practice and policies which exist in primary schools in Fernston, regarding the promotion of children's mental health at a whole-school level.

The second phase aimed to examine existing structures and practices to promote (or demote) the development of children's mental health within one primary school in Fernston in order to provide a foundation for longer-term action to develop existing practices. The second phase of this study is the primary focus of the thesis.

This study was informed by existing research within the field of promoting children's mental health, with particular attention given to the salutogenic model of mental health (Antonovsky 1996, MacDonald 2006). The MacDonald and O'Hara Ten Element Map (1998) underpinned the theoretical conceptualisation of the second phase of this study and provided a structure for its methodology, as discussed within this chapter.

### **3.2.1 Research remit**

A review of the literature summarised in Chapters One and Two led to the development of the following research questions:

1. *How do mainstream primary schools currently promote emotional well-being and mental health? (Phase-One)*
  - a. *Do schools receive additional funding and support to meet guidelines ( e.g. SEAL (DfES 2005), OFSTED 2005, National Healthy Schools (DoH & DfES 2002), the NICE Tool Kit (NICE 2008), TAMHs (DfE 2011) recommendations)? To what extent are other LA services involved (who, how, where)*
  - b. *What structures are currently in place in schools to support and promote emotional well-being and positive mental health at a whole school level?*
  - c. *Are school staff aware of existing guidelines (e.g. DoH/DfES, NICE, NHSS)?*
  - d. *Are school staff working towards the NHSS guidelines? If so how, and how is impact measured, and what are the criteria for measuring success?*

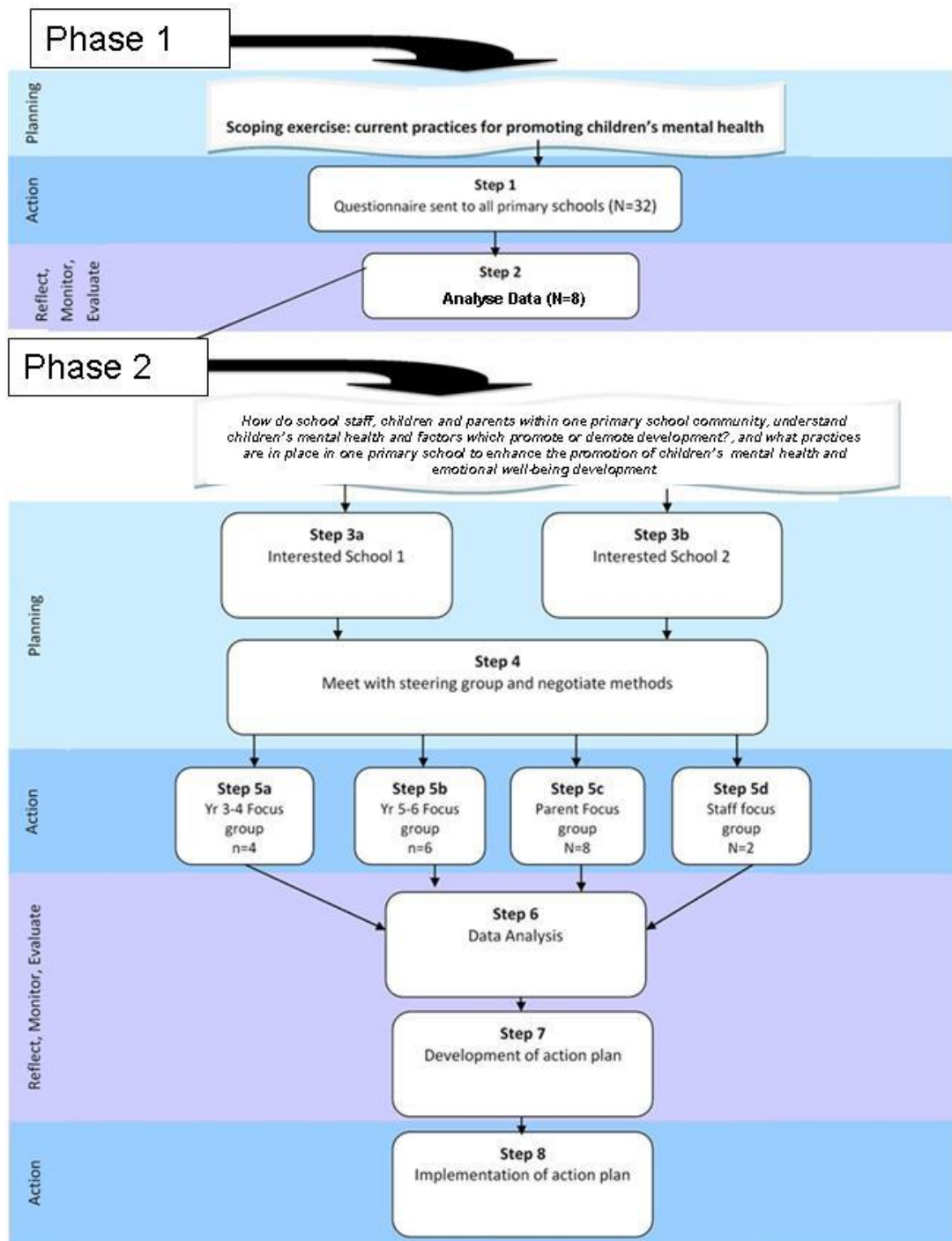
- e. *What do school staff perceive as their role/responsibility in supporting and promoting emotional well-being and positive mental health?*
- f. *What do school staff perceive as the challenges and barriers to schools in promoting emotional well-being and positive mental health at a whole school level?*
- g. *What do school staff perceive as the effective factors for promoting emotional well-being and mental health at a whole school level?*

2. *How do school staff, children and parents within one primary school community, understand children's mental health and factors which promote or demote development?, and what practices are in place in one primary school to enhance the promotion of children's mental health and emotional well-being development (Phase-Two).*

### **3.2.2 The research process**

Figure 3.1 illustrates the whole process of this study. My study into *mental health promotion in primary schools* was conducted over a period of four months. I adopted a mixed-method approach which allowed me to build upon and add depth to the broader picture; *what are schools doing to promote children's mental health?* (O'Leary 2010). A combination of quantitative (questionnaire) and qualitative (focus groups) methods enabled me to address the aims of, and answer the research questions in this study (Thomas 2009). These methods will be discussed within each phase of this study. The processes and actions of each of these phases will be discussed accordingly throughout this chapter.

**Figure 3.1: Process for my study**



### 3.3 PHASE-ONE. A SCOPING EXERCISE

This phase of the study aimed to explore in broad terms the current practices and approaches primary schools in Fernston employ to support and promote children's

emotional well-being and mental health. This information illustrated similarities and differences within the provision offered by primary schools in the town. The aim of this phase of the study was also to recruit a primary school whose head teacher wished to further explore the school's existing practices for developing children's mental health and emotional well-being, and identify areas for development (Phase-Two).

Information was obtained through a short questionnaire to all mainstream primary schools in Fernston (see Appendix 1 for the full questionnaire).

### **3.3.1 Epistemology: Phase-One**

As a researcher I adopted a realist epistemology for this phase of the study. I assumed that 'facts' do not exist independently, but rather are theory-laden, with knowledge being a product of social and historical factors. I also assumed that the real world is complex and stratified into different layers, with social reality consisting of the individual, group and institutional layers (Robson, 2002). Social objects could be studied scientifically, but the method I selected needed to fit the subject matter.

Therefore, for my research to be worthwhile, I need to have substantial knowledge of the researched field prior to designing my study (Robson, 2002). To address this criterion, a thorough review of the literature and policy guidance was conducted prior to developing the questionnaire. All questions were derived from this review (introduced in Chapters One and Two).

Whilst accepting the reality of the social world, I did not seek to test or propose universal causal relationships between variables within the social world, and allowed subjectivist and objectivist approaches to co-exist (Robson, 2002). Therefore my research needed to be reflexive, monitoring behaviour in a social context.

My primary aim for this phase of the study was to uncover individual schools' unique perspectives in relation to the wider context, national policy/guidance and application of relevant research on promoting children's mental health. Therefore, I considered critical realism appropriate for this study, which aimed to incorporate characteristics of traditional scientific methods, whilst also incorporating the subjective perspectives of the respondents.

### **3.3.2 Methods**

An online questionnaire was developed as a quantitative method for profiling respondents' views on the specific topic of children's mental health promotion in primary schools.

A short on-line questionnaire was sent to all mainstream primary schools in Fernston (N=32) to gain information regarding the promotion of children's mental health (Appendix 1). The questionnaire was sent by email to the head teacher of each school for completion by her/himself or her/his designated representative within the school, subject to her/his consent. The final question asked if the respondent would like the school to participate in the second phase of this study.

The questionnaire comprised short, closed-questions (Gillham, 2008). The construction of the questionnaire and the type of information I wanted to obtain

required careful consideration; therefore my research questions, derived from a thorough review of literature and policy relating to children's mental health in schools. Table 3.1 indicates the basis for each research question.

The information gathered during this process informed my understanding of current priorities, levels of implementation of recommended strategies and provision for mental health promotion in Fernston primary schools.

Questionnaires are a widely used research method and useful for ensuring some degree of quality control in social research (Bethlehem 1999, Robson 2011). Lindblom and Cohen (1979), state that one of the fundamental attractions of the questionnaire method is its transparency. A wide range of techniques can be used to elicit respondents' views. To facilitate speed of completion of the questionnaire, the Likert-scale method and closed-questions were the primary response mode on my questionnaire. Robson (2011) suggests that having closed-questions can facilitate effective analysis of data.

It was imperative that respondents were able to understand what was being asked from the questionnaire, since many errors can occur with questionnaires; a pilot cannot anticipate all errors, it will have some value in detecting and overcoming some potential problems (Bethlehem 1999). Due to time restrictions the questionnaire was piloted through consultation with three senior EPs and my research supervisor. During this process the questionnaire was tested to assess how long each question would take to answer, that the questions were clear and that the wording or format did not cause any ambiguity. Piloting the questionnaire allowed for



**Table 3.1: Origins of the Research Questions underpinning the Questionnaire**

<b>Research Question</b>	<b>Literature/Policy</b>
<i>a. Do schools receive additional funding and support to meet guidelines? To what extent are other LA services involved (who, how, where)</i>	DfES & DoH 1999& 2002, MHF 1999, Weare 2000, Atkinson & Hornby 2002, DoH 2003, Hornby & Atkinson 2003, OFSTED 2005, Cattan & Tilford 2006, Barry & Jenkins 2007, NICE 2008, DfE 2010, Hall 2010, DfE 2011, DfE 2012, DfE 2013
<i>b. What structures are currently in place in schools to support and promote emotional well-being and positive mental health at a whole school level?</i>	DfEE 1999a & 1999b, DfES & DoH 1999& 2002, Weare 2000, Hornby & Atkinson 2003, OFSTED 2005, DfE 2008, NICE 2008, DfE 2010, Hall 2010, DfE 2011, DfE 2012,
<i>c. Are school staff aware of existing guidelines (e.g. DoH/DfES, NICE, NHSS)?</i>	DfEE 1999a & 1999b, DfES & DoH 1999& 2002, MHF 1999, OFSTED 2005, NICE 2008, OFSTED 2012
<i>d. Are school staff working towards the NHSS guidelines? If so how, and how is impact measured, and what are the criteria for measuring success?</i>	DfES & DoH 1999& 2002, OFSTED 2005,
<i>e. What do school staff perceive as their role/responsibility in supporting and promoting emotional well-being and positive mental health?</i>	Harter 1996, Durlak & Wells 1997, DfEE 1999a & 1999b, MHF 1999, DfES & DoH 1999& 2002, Weare 2000, Atkinson & Hornby 2002, Hornby & Atkinson 2003, IUHPE 2009, DfES 2003, Wells et al 2003, Sixsmith et al 2004, Greenberg et al 2005, Cattan & Tilford 2006, Barry & Jenkins 2007, DfE 2008, NICE 2008, Hall 2010, Roberts 2011, DfE 2011, DfE 2012, OFSTED 2012, DfE 2013
<i>f. What do school staff perceive as the challenges and barriers to schools in promoting emotional well-being and positive mental health at a whole school level?</i>	Durlak & Wells 1997, DfES & DoH 1999& 2002, Weare 2000, Atkinson & Hornby 2002, Wells et al 2003, Hornby & Atkinson 2003, Sixsmith et al 2004, Greenberg et al 2005, Cattan & Tilford 2006, Barry & Jenkins 2007, Hall 2010, DfE 2010, DfE 2011
<i>g. What do school staff perceive as the effective factors for promoting emotional well-being and mental health at a whole school level?</i>	Durlak & Wells 1997, Weare 2000, Atkinson & Hornby 2002, Hornby & Atkinson 2003, Wells et al 2003, Sixsmith et al 2004, Greenberg et al 2005, Cattan & Tilford 2006, Barry & Jenkins 2007, Hall 2010, DfE 2010, DfE 2011

revision and removal of any ambiguous or unusable questions. Careful consideration was also given to the format and ordering of questions.

My sampling was a universal sampling method as all schools in Fernston were invited to respond. There was no intention to make statistical generalisations beyond the sampled population (Robson 2011).

One of the limitations associated with postal or electronic questionnaires is the typically low response rate (Bethlehem 1999, Robson 2011). In order to try and overcome some of these limitations careful consideration was given to the design, appearance and clarity of wording and instructions. Two follow-up emails were sent to schools to remind them about the questionnaire and to emphasise the importance of the study (see Appendix 2). The limitations of questionnaires will be discussed in more detail later in 3.3.2.iii

### **3.3.2.i Ethical considerations**

Both phases of this study were approved by the University of Birmingham Board of Ethics (see Appendix 3). The key ethical challenges for Phase-One of this study were concerning:

- confidentiality;
- informed consent; and
- data storage

To address these challenges, information was provided to all participants regarding the aims and purposes of the questionnaire (Appendix 2). The contact details of the researcher and supervisors were also given to schools so that they were able to make contact at any point. To preserve confidentiality no data derived from this phase of the study were stored against individual school or staff names. Data were

confidential and anonymous unless schools opted into Phase-Two of the study. Each respondent was allocated a code for reference purposes only. Appendix 3 is a copy of the University of Birmingham ethical approval form which provides comprehensive details of: consent and confidentiality, participants' rights to withdrawn and data storage.

### **3.3.2.ii Data analysis**

Descriptive statistical analysis was carried out on the returned questionnaires. Responses from the questionnaire were considered in relation to each sub-research question. The findings from this phase are discussed in detail in the following chapter.

*In summary*, the questionnaire was sent to all 32 mainstream primary schools in Fernston to explore how schools currently promote children's mental health at a whole-school level. 25% (N=8) of schools responded. Of those that responded half of the schools stated that promoting children's mental health was a current priority for them. All of the schools considered that the promotion of mental health should be carried out by specialist services rather than by themselves. All schools also reported that a significant challenge for them was the lack of input from specialist services for whole-school promotion of mental health. Two schools opted to part-take in Phase-Two of this study.

### **3.3.2.iii Reliability**

The structure of the questionnaire used closed-questions to ensure completion was not onerous. This on-line self-completion questionnaire reduced a number of

potential interviewer effects. All of the returned questionnaires were completed in full therefore, it can be assumed that the questionnaire met many of the general design principles (Cooligan 1999, Robson 2011).

However there were still a number of limitations to this method of data collection. Only 25% of the schools replied, despite sending schools two follow up emails. I would surmise that this was due to the time the questionnaire was circulated (end of July/August). Non-responses lowered the sample size, causing issues with the representative sample.

Other limitations include: espoused practice is often reported; therefore I may not have gained an accurate picture of current practice. In addition, there may have been biases in accuracy due to imprecise memory recall and/or respondents seeking to provide socially desirable responses. The quality of data gained from responses is also subject to the value and interest the respondents had towards the questionnaire/topic.

A further limitation with the questionnaire was that questions were derived from policy and government guidance, therefore some of the language used may have been difficult to access despite every effort made to remove jargon.

Despite the above recognised limitations, on the whole, the questionnaire proved to be an effective method of gaining a broad understanding about some of the current practices and challenges with regards to promoting children's mental health in primary schools in Fernston. This method also proved to be a relatively quick and cost-effective way to recruit participants for the second phase of this study.

### 3.4 Phase-Two: Action research

Action research (AR) methodology was selected because the fundamental principles reflect the ethos of Community Psychology (CP). Lewin (1946) was the first to coin the term 'action research', in a response to the limitations of social research at the time, which he perceived to be dominated by research which was *done* by researchers, *on* subjects (Thomas, 2009). Reason and Bradbury (2008) explain that AR is not so much a methodology as an *orientation to inquiry*, through which action evolves to address questions which are significant to those participating in the research. As with CP, AR is a practice of participation, the practice base of AR means that all people within the context can contribute and become co-researchers, regardless of their position, status, or age, ensuring that all people's views are taken into account (McNiff and Whitehead 2010):

*engaging those who might otherwise be subjects of research  
or recipients of interventions to a greater or lesser extent as  
inquiring researchers.*

*(Reason & Bradbury, 2008, p.1)*

My choice of methodology was further influenced by my position as a researcher and as a TEP on placement in Oakshire. AR is conducted by practitioners who also regard themselves as researchers (McNiff and Whitehead 2010). AR supports and empowers practitioners and/or researchers in carrying out real-life research which aims to develop practice, and is usually conducted during the same time as that practice (Thomas 2009, O'Leary 2010), generating 'living theories of practice' (McNiff

and Whitehead 2010) and contributing to meaningful research. AR is concerned with improving, developing and creating practice; it is an evolving process which originates from everyday experience, and therefore the process of inquiry is as important as the outcomes (Reason and Bradbury, 2008). It is important that AR in education involves children and young people, school staff, administrators, parents and other relevant stakeholders to avoid solely privileging the actions and views of professionals within the education setting (Carr and Kemmis 1986).

As my aim was to develop further existing practices to promote children's mental health and well-being, I wanted to ensure that these practices were integrated within the social context of the school and situated within everyday experiences; therefore my rationale for selecting AR was to ensure that my inquiry developed existing theory and practice which was grounded in the diversity of people's experiences and knowledge (Trickett 1996, Tew 2005).

### **3.4.1 My action research process**

AR is commonly viewed as a spiral or cyclical process (Lewin 1946, Carr and Kemmis 1986, Thomas 2009, McNiff and Whitehead 2010, O'Leary 2010, Robson, 2011), through which a cycle of planning, action, information gathering and reflection is carried out, enabling knowledge to evolve and be applied to inform further action.

The aim of AR is not solely to understand, but rather to predict; a process of shared learning can lead to the construction of collective knowledge (McNiff and Whitehouse 2010). Therefore, I rendered AR appropriate for this phase of the study, as I was concerned with stimulating collaborative planning to promote mental health within

Barkwood Primary School<sup>5</sup>. AR is considered to be an 'experiential learning' approach (O'Leary 2010, p.150). The process of this first part of an action research cycle in this study is outlined in Figure 3.1.

### **3.4.2 Negotiating the research**

Two schools volunteered to participate in this phase of the study. As a researcher and within my role as a TEP, I had the capacity to work with only one school.

Through an initial meeting with both head teachers separately (Steps 3a and 3b on Figure 3.1). I explored the basis for their initial interest in the inquiry, their expectations and other significant factors relating the study and their capacity to commit to the research (see Appendix 4 for summary of these semi-structured interviews).

From these meetings Barkwood Primary School was selected as an appropriate school to carry out this research; the head teacher was new to his position and was keen to develop whole-school practices to promote children's mental health. In contrast to the other interested school, Barkwood Primary School reported in the Phase-One questionnaire, that they did not receive any significant support from other agencies or services. In contrast, the other school had a number of projects running which were delivered by outsider providers. It was agreed that the school which was not selected would receive a copy of the 'public report' which will be written for the Local Authority at the end of this study.

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<sup>5</sup> Barkwood Primary School is a pseudonym for the school in which this phase of the study was conducted

### **3.4.3 Aims of this phase of the study**

The specific aim of this phase of the study was to explore how school staff, children and parents within Barkwood Primary School's community, understood children's mental health and the factors which promote or demote development? I wanted to explore what practices were currently in place to promote children's mental health.

The MacDonald and O'Hara Ten Element Map was used to explore existing practices in Barkwood Primary School to enhance the promotion of children's mental health.

### **3.4.4 The context of Barkwood Primary School**

Barkwood Primary School is a small 'picturesque' rural school (with 87 children on roll at the time of this inquiry). The school is situated within a relatively affluent village within Fernston. At the time of this inquiry there were 15 children on the special educational needs register and two children with a Statement of Educational Needs. According to the school's most recent OFSTED report (2010) the number of children with English as an additional language is below the national average. According the same OFSTED report, the overall attendance rate for the children at Barkwood Primary School is above the national average. In 2010 OFSTED rated the school as 'good'. The Box below compares Barkwood Primary School with other schools in Fernston, this information is based on the most recent OFSTED information for each school. Barkwood Primary School's data is represented in **navy**.



**Table 3.2: Barkwood Primary School in comparison to other primary schools in Fernston**

General statistics:

	Size of school	FSM	SEN	EAL	Attendance	SMSC
Below average	<b>13</b>	10	15	<b>28</b>	11	4
Average	4	4	10	0	10	<b>22</b>
Above Average	13	9	<b>4</b>	2	<b>9</b>	6
Missing data	2	<b>9</b>	3	2	2	0

Numbers indicate the number of schools in Fernston who fell within the category (N=32)

OFSTED Ratings:

Rating	No of schools
1= Outstanding	1
2= Good	<b>17</b>
3= Satisfactory	13
4= Inadequate	1

National Healthy Schools Status:

	No of Schools
Yes	<b>25</b>
No	2
missing data	5

(Information from each school's most recent OFSTED report.)

### 3.4.5 Epistemology: Phase-Two

My epistemological position for this phase of the study aligned with the constructionist paradigm as I viewed reality as socially constructed. My role as researcher was to understand multiple social constructions. Participants were considered as active agents in the research process.

The aim of this phase of the study was not to monitor or evaluate changes within the school, but rather to work collaboratively with the community at Barkwood Primary School to develop their understanding of children's mental health and to support them in reflecting upon and improve existing practices:

*You (the researcher) are not responsible for others' learning, or what they do, or whether they will decide to improve themselves. The most you can do is to exercise your educational influence on their learning, so they can decide, from the grounds of their capacity for original and creative thinking, whether or not to accept what you say and act accordingly.*

(McNiff and Whitehead, 2010, p.38)

It was my intention to develop practice by listening to and acting upon the voices of those within the community (school staff, parents and children) so that agreed action reflected their experiences, needs and values. It was my aim to provide individuals with a sense of control and efficacy in order to bring about meaningful change within their social context.

My epistemological position and the conceptual framework I subscribed to (Community Psychology), permeate this research and influenced the design and methods of this phase of the study (McNiff and Whitehead 2010).

It was not my aim to develop universal causal laws which could be generalised across a number of contexts. I wanted to explore the views of the key stakeholder groups at Barkwood Primary School, who were positioned as social beings living in a social context.

Whilst I positioned this phase of the study within a constructionist paradigm, I also recognised that most research does not fit neatly into one category (Robson, 2011). As this phase of my study aimed to explore the views of key stakeholders within one

community, in order to generate new action which derived from their own experiences and future ambitions, I was therefore, concerned with generating new knowledge *with* key stakeholders rather than *for* them.

Constructionism, AR and CP strongly advocates that participants are active agents within the research process. The aim of this phase of the study was to build upon existing practice and skills to further promote children's mental health within Barkwood Primary School, therefore, design and orientation of this phase of the study aligns closest with social constructivist epistemological assumptions.

#### **3.4.6 Design: Case-study**

This phase of the study was designed as a single case-study. The understanding or origins of the term 'case-study' differ across different disciplines; therefore there is no universally accepted definition (Platt, 2007). Despite this it is commonly assumed that case-study is concerned with one thing, the aim is not to generalise but to see the one thing as a whole (Thomas, 2011).

Yin's work considering case-study as a methodology within social sciences continues to be of great influence. Yin assumes that data yielded are likely to come from a variety of sources (e.g. children, parents and school staff in this cycle of inquiry) within the case (e.g. school) being studied. He claims that case-study research goes beyond the study of isolated variables (Yin, 2011). This phase of the study drew upon Yin's abbreviated definition of case-study:

*An empirical inquiry about a contemporary phenomenon (e.g. a case), set within its real world context – especially when the boundaries between phenomenon and context are not clearly evident.*

(Yin, 2009, p.18)

Case-study is widely used when aiming to research one aspect of a problem or situation. It is not however, without critics. The most common concern is regarding the value of the study of a single context or event, and contingent limitations on the extent to which findings can be generalised (Bell, 2005). Bassey refers to the term 'reliability' rather than 'generalisability':

*An important criterion for judging the merit of a case-study is the extent to which the details are sufficient and appropriate for a teacher working in a similar situation to relate his decision making to that described in the case-study.*

(Bassey, 1981, cited in Bell, 2005, p.11)

Therefore, if aiming to develop existing practice within an organisation, it was important to 'drill-down' in order to gather as much information as possible, from as many different sources and different perspectives (Thomas, 2011). Within this phase of the study, information was gathered from children (of two different age groups), parents and school staff in order to build a balanced picture of practice within the school (the case) regarding the promotion (or demotion) of mental health (Steps 5a-d Figure 3.1). The trustworthiness of case-study design is discussed in 3.4.6.iv.

The application of theory to case-study research requires the researcher to be well informed about the topic of inquiry and not dependent simply on a methodological tool kit (Yin, 2003). This assertion by Yin (2003) further aligns with the principles of AR, which, by applied research, aims to:

*arrive at recommendations for good practice that will tackle a problem or enhance the performance of the organisation and individuals through the changes to the rules and procedures within which they operate.*

(Bell, 2005, p.8).

As previously mentioned, the aim of this phase of the study was not to generalise findings, but rather to make connections and gain insight into practices within one community (the school). Einstein (cited in Thomas 2011, p.9) proposes that science is not about the method, but about the thinking – it is about supplying answers to questions with good evidence and reason; the important aspect is the thought and analysis that goes into providing those answers (Thomas, 2011).

Within this phase, case-study methodology provided a research framework to develop questions which stemmed from relevant prior research, and could be further developed through focus group interviews comprising of representatives from different strata of the school community. Case-study design facilitated the exploration of practice in promotion (or demotion) of mental health within Barkwood Primary School.

Following the selection process (Steps 3a and 3b on Figure 3.1), a staff steering group was established at Barkwood, consisting of the head teacher and the SENCo. The head teacher identified appropriate staff membership based on her own (privately held and untested) evaluation of the commitment and responsibilities staff had. I met with the steering group to negotiate and finalise the methodology for this phase of the study (Step 4 on Figure 3.1). The nature, aims and purpose of the study were renegotiated in the spirit of AR and to ensure that the research was addressing the needs within the school context and that methods adopted were underpinned by the principles of CP.

Throughout this phase of the study, I aimed to explore how a range of interactional processes influence the way in which the school functioned (Bell, 2005). To achieve this, evidence was collected systematically. Focus group methodology was used as a means of structuring discussion with a number of representative groups (children, school staff and parents) regarding a specific subject: *promoting (and/or demoting) children's mental health*.

#### **3.4.6.i Methods: focus groups**

Robson (2011) describes focus groups as a group interview on a specific topic:

*The process involves the simultaneous use of multiple respondents to generate data; it is the 'focused' and relatively staged nature of the focus group method that separates it from other types of group interviewing strategy.*

(Brewerton & Millward, 2001, p.80)

The goal of using focus groups in this phase of the study was to collect feedback concerning attitudes related to the topic of promoting children's mental health at Barkwood Primary School. The information gathered was compared between the groups, in order to reach some consensus from which recommendations could be made.

Through the process of asking questions in the group context, I was able to explore the interplay of the personal and the social (Brewerton & Millward). Importantly for this stage of the study, focus groups methods were employed to empower participants, and to maximise opportunities for participation, not discriminate against people who may have literacy difficulties (Robson, 2011); the method was therefore considered to offer an inclusive approach. The limitations of this method are discussed in 3.4.6.iv.

Focus groups were considered an effective method for gaining the views of the children at Barkwood Primary School (Krueger & Casey, 2000). Given that children's experiences are considered to be more limited than adults', meaning they are likely to have less life experience on which to draw upon when answering questions, the focus groups with the children were different in their design and process from the adult focus groups. Questions were developed carefully to ensure that the children were able to understand the questions as intended. All questions were informed by research in developmental psychology to ensure that questions were age-appropriate and took into account the social and cognitive development of the children (see Appendix 5 for the focus group questions for all of the focus groups). Table 3.3 illustrates how questions and activities were framed within each of the focus groups

to take into consideration the developmental factors for the different age groups or for different roles (e.g. differences in the role of parents and school staff).

I asked a set of predetermined questions, which were generated through relevant literature, cited in Chapters One and Two. The MacDonald & O'Hara Ten Element Map (1998) provided a template to structure the questions. My rationale for selecting a structured interview format was to ensure some uniformity across the four different focus groups and allow for cross comparisons to be made. Open-ended questioning techniques were the main method of questioning used to elicit views, this technique was supported by visual aids for the younger children (e.g. through the use of q-sort techniques, see Table 3.3). Whilst I endeavoured to bring some element of structure to the interview process, I also wanted to provide participants with the opportunity to answer in their preferred style (Thomas, 2009).

I was aware that as a researcher I would unintentionally bring my own interpretations and values to the study (Robson, 2002). The risks of researcher effects were high, due to the face to face, subjective nature of the interview; therefore it was important to remove as many potential sources of bias as possible. As the researcher I tried to be open, ensuring I clearly stated my role, the purpose of the focus group interviews, and sought also the fully informed, freely given consent from all participants. Whilst it was important that I tried to remain impartial, I also needed to adopt a high level of self-awareness and sensitivity.

The trustworthiness and limitations of focus groups are discussed in more detail later in 3.4.6.iv in relation to this phase of the study.



**Table 3.3: Questions and activities to elicit participant's views**

	<b>Year 3 &amp; 4</b>	<b>Year 5 &amp; 6</b>	<b>Parents</b>	<b>School Staff</b>
<b>Mental Health</b>	<p>I defined mental health</p> <p>1. Using two bears as visual aids. The children match the characteristics (supported by pictures) to the bears:</p> <p><i>Happy</i> <i>Sad</i> <i>Lots of friends</i> <i>Little or no friends</i> <i>Good at things</i> <i>Not very good at things</i></p> <p>2. The children ranked in order of importance: people who help children to be emotionally healthy:</p> <p><i>Friends</i> <i>Parents</i> <i>Other family members</i> <i>Teachers and school staff</i></p>	<p>1. Ask the children what words or images come to your mind when you hear people talk about children's mental health or emotional well-being? (prompt questions to include: what helps, who helps, what does not help?).</p>	<p>When you think of an emotionally health child, what do you think of?</p> <p>Can you describe an 'emotionally healthy' child to me?</p> <p>We all know that no two children are the same, can you think of different factors which contribute towards helping a child to be emotionally healthy (e.g. do you think age, gender, culture etc make a difference)?</p> <p>Now can you think of any factors which may jeopardise a children's emotional well-being?</p>	
<b>Self-Esteem</b>	<p>Scenario #1: Think about this bear (happy one), if he came to this school, how would other people in school help him to feel good about himself, think about what the other children and the adults may say or do?.</p> <p>Scenario #2: Now think about this bear (sad one), do you think there have been any times when this did not happen for him which has lead to him to feel sad? think about what the other children and the adults may say or do?.</p>		<p>Provided participants with the MacDonald and O'Hara definition of self-esteem. Then asked:</p> <p>Think about self-esteem in relation to children..., what do you think the factors are that influence development of self-esteem?</p> <p>What does this school do to develop self-esteem?</p>	<p>Provided participants with the MacDonald and O'Hara definition of self-esteem. Then asked:</p> <p>Think about self-esteem in relation to children..., what do you think the factors are that influence its development?</p> <p>What do you think happens in:</p> <ol style="list-style-type: none"> <li>1. the classroom</li> <li>2. the whole-school which promotes/demotes self-esteem</li> </ol>

*Cont...*

	<b>Year 3 &amp; 4</b>	<b>Year 5 &amp; 6</b>	<b>Parents</b>	<b>School Staff</b>
<b>Emotional processing</b>	I want you to image that both of these bears are upset, what may they be upset about? What happens in your school when someone is upset?. What do the children and the adults do to help when people are upset?		<p>Provided participants with the MacDonald and O'Hara definition of emotional processing. Then asked:</p> <p>Think about emotional processing in relation to children..., what do you think the factors are that influence development of these skills?</p> <p>What does this school do to develop these skills?</p>	<p>Provided participants with the MacDonald and O'Hara definition of emotional processing. Then asked:</p> <p>Think about emotional processing in relation to children..., what do you think the factors are that influence development of these skills?</p> <p>What do you think happens in:</p> <ol style="list-style-type: none"> <li>1. the classroom</li> <li>2. the whole-school which promotes/demotes emotional processing skills?</li> </ol>
<b>Self Management skills</b>	<p>Scenario #1: Think about this bear (happy one), I want to you image that he is happily playing on the playground and two children come up to him and say something nasty to him. The bear is unhappy with what they said but he doesn't want them to see that he is unhappy. What does the bear do next?, are there any adults or children who can help him?</p> <p>Scenario #2: Now think about this bear (the sad one), I want you to imagine that he is on the playground and two children come up to him and say something nasty to him. The bear is very unhappy by what they said, he can feel himself getting cross with the other children, he doesn't think he can keep his anger and hurt inside him any longer. What does the bear do next?. What happens after this? are there any adults or children who can help him or do they make things worse for him?</p>		<p>Provided participants with the MacDonald and O'Hara definition of self management skills. Then asked:</p> <p>Think about self management skills in relation to children..., what do you think the factors are that influence development of these skills?</p> <p>What does this school do to develop self management skills?</p>	<p>Provided participants with the MacDonald and O'Hara definition of self management skills. Then asked:</p> <p>Think about self management skills in relation to children..., what do you think the factors are that influence development of these skills?</p> <p>What do you think happens in:</p> <ol style="list-style-type: none"> <li>1. the classroom</li> <li>2. the whole-school which promotes/demotes self management skills?</li> </ol>

**Cont...**

	Year 3 & 4	Year 5 & 6	Parents	School Staff
<b>Social Participation</b>	Can you tell me about any activities or clubs at school which both of these bears may enjoy going to or things that they may like to join in with? What do the bears have to do to be part of these activities?		<p>Provided participants with the MacDonald and O'Hara definition of social participation. Then asked:</p> <p>Think about social participation in relation to children..., what do you think the factors are that influence development of these skills?</p> <p>What does this school do to develop these skills?</p>	<p>Provided participants with the MacDonald and O'Hara definition of social participation. Then asked:</p> <p>Think about social participation in relation to children..., what do you think the factors are that influence development of these skills?</p> <p>What do you think happens in:</p> <ol style="list-style-type: none"> <li>1. the classroom</li> <li>2. the whole-school which promotes/demotes social participation?</li> </ol>
<b>Environmental factors</b>	<p>Walk round the school and ask the children to take pictures of the following:</p> <p><i>A place they feel very happy</i>  <i>A place they feel safe</i>  <i>A place that they think looks the nicest</i>  <i>A place they can go to when they are upset</i>  <i>Their favourite place to place</i></p> <p>During the tour, ask the children to describe why they have chosen that area.</p>		<p>Provided participants with the MacDonald and O'Hara definition of environmental factors. Then asked:</p> <p>What are the environmental factors in this school which promote/demote children's mental health?</p>	

### **3.4.6.ii Ethical considerations: recruitment and consent**

As previously mentioned, both phases of this study were approved by the University Ethics Board (see Appendix 3). The key ethical considerations for this phase of the study were primarily:

- recruitment;
- consent; and
- confidentiality.

Prior to commencing the study, I provided the steering group with information about the study which was passed onto all parents and school staff. This letter provided information about the study and an invitation to participate in the focus groups (Appendix 6).

Key Stage 2 children (aged from 6 – 11 years) were identified as an appropriate age group based on consideration of developmental lifespan psychology, and contingent assumption that most pupils in this age group have the cognitive, social and emotional competence to participate (Shaffer, 2001).

There were four mixed-year groups in Key Stage 2: Years, 3, 4, 5 and 6. A suitable criterion for the selection of the children for the focus groups (willingness to communicate their ideas, ability to listen to other children's ideas) was decided during discussions with the head teacher and SENCo. Children who met this criterion were sent an invitation letter (Appendix 6) and a letter to take home to seek parental permission for the child's participation (Appendix 6). It is important to note that there was a high level of control from the head teacher and the SENCo given in the

selection of children, as the researcher I was guided by their judgements and knowledge of the children. I reflect upon this potential challenge further in Chapter Five.

In addition to sending out letters to gain informed consent prior to the focus groups, at the start of each focus group, I also verbally explained the purpose of the study and the format of the focus group. I explained expectations for consent, withdrawal and confidentiality, following which, I provided participants with written information restating these points; they were then asked to sign to confirm that they understood the purpose of the inquiry and that they gave informed consent (see Appendix 7).

#### **3.4.6.iii Qualitative analysis**

The data analysis and interpretation followed the general principles and processes for qualitative data analysis. The processes for analysing the data took into account the context and circumstances within which the data were collected: the focus group interview setting (Robson, 2011).

The focus group interviews were transcribed (see Appendix 8 for an example of a transcript). Thematic coding was used to organise the data into meaningful units, making data trends easier to digest (Step 6 Figure 3.1). Whilst this provided a method for reducing the volume of raw data collected from the four, one-hour focus groups, it also provided a deeper layer of understanding of the data (Braun and Clarke 2006, Rivas, 2012).

Within qualitative methods of analysis there are debates concerning the extent of reading of relevant literature prior to carrying out any analysis; what is considered desirable is dependent upon the approach taken by the researcher (Rivas, 2012). This phase of my analysis took a primarily deductive approach; my superordinate themes were developed before I began my analysis. These themes were taken from MacDonald and O'Hara's Ten Element Map (1998). Therefore it was important that I had fully engaged with the literature in advance to ascertain what was already known and what gaps need to be filled (Rivas, 2012).

Qualitative analysis methods used in this phase of the study involved exploring the data in detail to abstract sub-themes. The analysis also examined the data across the four data sets (four focus groups) to identify comparisons and differences within each element on the Ten Element Map.

Analysis of the data could either have been achieved through manual coding or by using software programmes (e.g. NVivo). In this study I made the decision to manually analysis and code my data. This study aimed to reflect the views and culture of the school organisation, it was imperative my method of analysis retain contextual detail (Braun and Clarke 2006). I therefore considered that manually analysing the data would ensure that I remained very close to the data at each stage of the analysis. In the focus groups, content was also generated by communication and interaction in a collective sense; therefore I needed to select a method of analysis which allowed me to explore the structural content (e.g. how participants structured and organised their responses) as well as the actual spoken content (Brewerton and Millward 2001).

Whilst I recognised that a software programme may have been beneficial for improving the rigour of the analysis process by validating (or not) some of my own impressions of the data (Welsh 2002), time was an important factor in my decision making. Sufficient time would have been required for me to become familiar with a software package as I did not have any previous experience of using software programmes to analyse qualitative data. Therefore, I elected to use the time available to explore data rigorously using manual methods, which further retained my 'active and creative' role as researcher. On reflection a combination of both manual and computer aided software would have been the most advantageous method (Welsh 2002), becoming familiar with a software programme should have been incorporated into the planning and designing of the research.

To facilitate the abstraction of sub-themes, (additional to the super-ordinate themes identified by MacDonald and O'Hara), I drew upon a number of texts to inform my analysis (Braun & Clarke 2006, Thomas 2009, Robson 2011, Rivas 2012). These texts provided a step-by-step guide for the process of qualitative analysis. This process is a common approach suggested for working through a series of stages in which initial codes are generated in order to develop themes which are later refined through continuous comparison of the data sets and finally resulting in each theme having a meaningful title.

As this phase of my study drew upon extant themes from MacDonald and O'Hara's Ten Element Map (1998), I referred to the sources cited above for guidance and then developed a modified process. This process started with donated themes (referred to as elements by MacDonald and O'Hara) and then identified sub-themes within each element. See the Box below for details of this process.

### **Qualitative Analysis Process: Deductive Approach**

1. I transcribed all of the focus groups.
2. I read all of the transcripts in full, several times to become familiar with them.
3. Within each data set (focus group transcript) I extracted segments relevant to each element from the Ten Element Map (MacDonald & O'Hara, 1998) separately. I also analysed the responses for the question '*what is mental health?*' Whilst reading the transcripts, I highlighted responses to my questions (my interview schedule consisted of structured questions; therefore the important parts to highlight were the participants' direct answers to each question). In addition to highlighting each response, I also made a note of the answer on a separate piece of paper, which created a running list of responses. If the same answer was given by more than one participant, I put a tally next to the response. This allowed me to identify recurring responses.
4. Once all the answers had been highlighted and noted, I was able to group responses to create a number of sub-themes. In order to show how responses were linked to each other, I followed recommendations made by Thomas (2009, p.198): the tree analogy – the trunk is the basic idea (in my case the element from the Ten Element Map) and the branches coming off the trunk represent relating ideas (sub-themes).
5. All sub-themes were categorised as either mental health 'promoting' or 'demoting' factors. Promoting factors formed the 'branches' of the tree, whilst demoting factors were positioned beneath the tree.
6. This process was repeated for each of the elements: self esteem, participation, environment, emotional processing and self management and for the question '*what is mental health?*'
7. Steps 3 – 6 were repeated for all of the focus groups; parents, children (Yr. 3 & 4), children (Yr. 5 & 6) and school staff.

In order to make comparisons across the data corpus (all four focus groups), the following steps were taken:

8. I analysed the data for each element separately by bringing together the data for each element from each focus group. For example, all of the 'trees' for self esteem were brought together from all four focus groups. A new 'tree' was created which consisted of the data from all four focus groups. Again, recurring data were grouped together to expand existing sub-themes or to create new sub-themes.
9. This process was repeated for all five elements and for the question '*what is mental health?*'.
10. The final stage involved mapping the themes on to the integrated Ten Element to enable me to analyse and present my findings from an ecological perspective.

The following pages provided worked examples, directly taken from my study to illustrate the detailed and systematic analysis I undertook, starting from the raw transcripts (Stage 1) through to the conceptual analysis (Stage 10). Further details of this process can also be seen in Appendix 10.



Example of stages of analysis in my study (using extracts from Self Esteem)

Stage 1: Transcribe the focus groups interviews

**A – Self Esteem**

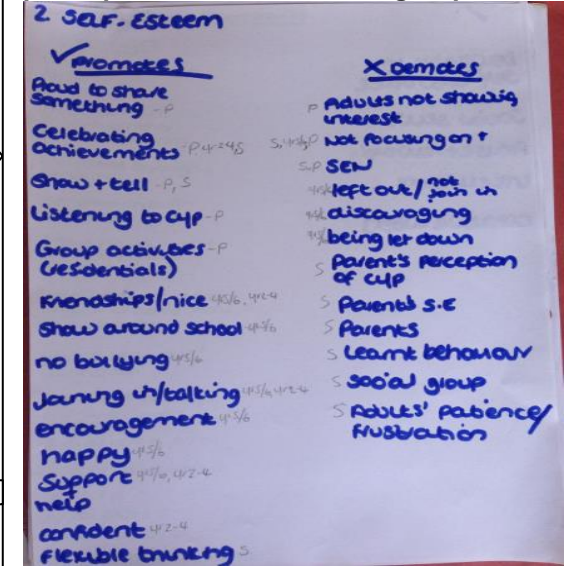
**Extract of transcript**

R - go on (name) you re-arranged them how you want them  
 R – remember there is no right or wrong answer it is your personal opinion  
 C – I would swap these around  
 R – so you would want them that way – it is very similar  
 R- (name) would you swap all yours around  
 C – I would put teachers first  
 R- you can have it however you want – there is no right or wrong  
 R – this is everybody’s ideas  
 R – so you want yours like that  
 C – because when my mum and split up the teachers help me at school

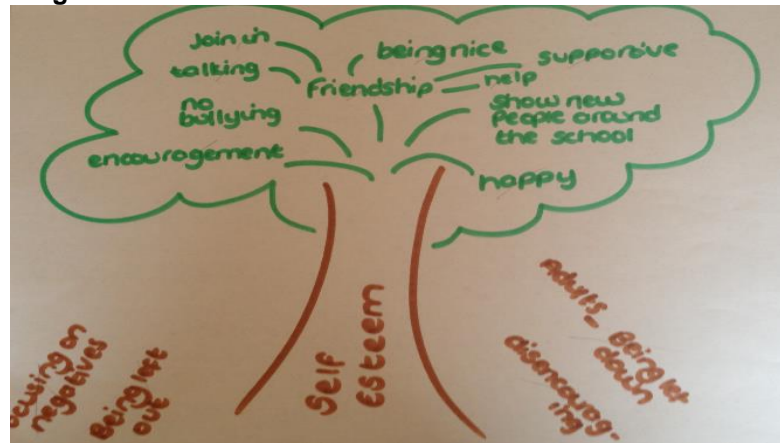
Stage 2: Read the transcripts several time



Stage 3: highlight and note down responses to create a list of answers. Also tally if answer given by more than one participant and across focus groups



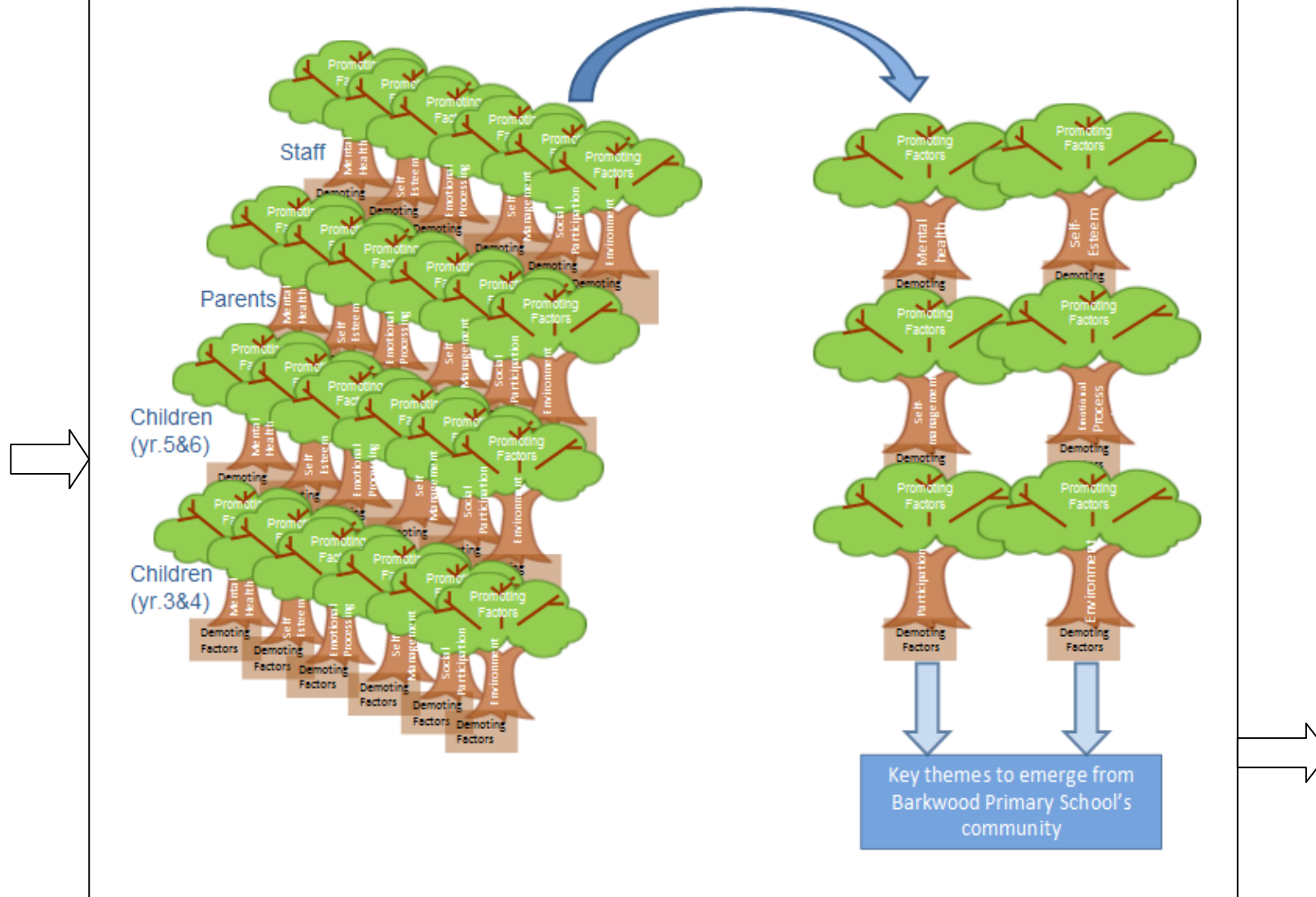
Stage 4 & 5: create sub-themes



Continued....

Example of stages of analysis in my study ... continued

Stage 6, 7, 8 & 9 making comparisons across the data corpus (focus groups)

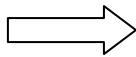


Continued ...

Example of stages of analysis in my study ... continued

Stage 10 conceptual analysis (example using self-esteem)

	Promotes	Demotes
<b>Person/Individual Child</b>	Personality characteristics Social, emotional and communication skills	Academic skills
<b>Micro (peers, family, school)</b>	<u>Peers</u> Friendships Social inclusion  <u>Family</u> teaching new skills listening mediating opportunities to celebrate success  <u>School</u> teaching new skills listening mediating opportunities to celebrate success medicating opportunities to make a contribution	<u>Peers</u> Negative influences Social exclusion  <u>Family</u> Negative feedback Lack of attention Let down by adults Parental capacity/skills  <u>School</u> Negative feedback Lack of attention
<b>Meso</b>		school staff perceptions of parental capacity and self esteem
<b>Exo-System</b>		
<b>Macro</b>		
<b>Process</b>		
<b>Context</b>		



Rivas (2012) recommends continually questioning the data throughout the analysis process in order to explore the data in depth. The Box below provides examples of the questioning strategies employed.

After the data had been analysed across all four data sets, overall data trends were rendered coherent. At this stage, I grouped the data from both of the children's focus groups together because the trends were very consistent across these groups. I was then able to feed back the findings to the steering group.

During this meeting with the steering group (Step 7 on Figure 3.1) the findings were interpreted in relation to the school context, and an action plan (introduced and explained in Chapter Four) was developed based on the factors which the participants signalled either promoted or demoted children's mental health at Barkwood Primary School.

**Questions asked of the data during the analysis**

- Words: How are specific words used, and what do they mean to the participants?
- Context: When do the participants raise a topic? Does it relate to anything else?
- Internal Consistency: Are topics talked about differently at different times? Can this be related to anything?
- Frequency: Why are some things repeated more frequently than others? Does this reflect their significance to the participant, and is this because they have problems coming to terms with something, or because they wish to be seen in a certain light? Is it significant that a particular topic is rarely mentioned, avoided or missing?
- Extensiveness: How much coverage is given to particular topics (remember that a topic may be mentioned only once but take up half of an interview, for example)?
- Intensity of comments: What positive and negative words and emphases are used and what is their significance?
- Specificity of responses: Do the data describe an actual event or a hypothetical situation? Is the first or third person used?
- Big picture: What major trends or topics are there that cut across cases?

*(Rivas, 2012, p.373, adapted from Rabiee, 2004)*

I shared the findings and the action plan developed from this phase of the inquiry with the whole school during an assembly; parents were also invited to this assembly. During the assembly the head teacher explained how and when the actions on the plan would be implemented (Step 8 on Figure 3.1).

The results will be summarised in tabular and figurative format and discussed, drawing upon relevant theory and research. Tables and figures contain summaries of responses from each focus group in relation to each theme. The tables contain edited quotes from participants. Comparisons are made across groups and across themes (Rivas, 2012).

#### **3.4.6.iv Threats to trustworthiness**

Whilst AR is considered to be an effective approach for challenging bureaucratic authority, due to its participatory nature (Carr and Kemmis 1986), and its objectives of empowering stakeholders to improve and develop their practice, it is not without its limitations. Due to its ongoing cyclical nature it can be difficult to manage the scope of the inquiry (O'Leary 2010). Therefore I had to make several practical and editorial decisions about what would be the focus of this thesis and what findings would be shared with the Educational Psychology Service in Oakshire and Barkwood Primary School as actions for potential development opportunities. O'Leary (2010) suggests limiting a research project to one action research cycle to ensure rigor, this study completed the first part of an action research cycle (see Figure 3.1).

Action researchers accept that changes in the social environment can not be achieved without engaging with the people within the environment (Carr and Kemmis

1986). To this end, case study design and focus group methods were used throughout this inquiry to facilitate the engagement of key stakeholders. Whilst these were in general considered to be effective ways to gain the views of those central to the change process, they were not without their limitations.

By the nature of a single case study design, the findings are limited to a very narrow population and therefore are restricted and only valid for the 'moment in time' which they were generated in. In addition, definitions and meanings of reliability and validity are less clear in case study designs (Thomas 2011).

Within the focus groups, only the views of the people who volunteered to participate would be gained; these may not have been representative of the whole school population. In addition each focus group lasted for one hour, therefore I have to give careful consideration to what questions I asked and how much time was spent on each element.

As the researcher, I would consider myself to have limited experience of facilitating adult focus groups, therefore, I experienced some challenges in managing the dynamics of the parent focus group, mainly due to the number of participants (8) and that some participants had a tendency to dominate group discussions. With all the focus groups, I could not wholly assure confidentiality as participants may have discussed issues which arose during the focus groups, outside of the focus groups.

I was also aware of myself in the role of researcher and the school's TEP. It is likely I inadvertently created some experimenter effects, which may have impacted on the participant's responses (e.g. demand characteristics, wanting to give socially

desirable responses). I was also mindful of the position of power held by the head teacher; therefore, it was essential that we collaboratively agreed the ground rules governing the research process from the outset, particularly with regards to emphasising the voluntary nature of the study to all participants.

With regards to the topic of mental health, some of the language used to define some of the elements of mental health may have been initially difficult for participants to comprehend despite every effort made to remove all jargon. In an attempt to overcome this I regularly checked back with participants to see if they understood, I also tried to provide them with examples for each element (see Appendices 5 and 8 for examples).

Despite these limitations, in general I considered the focus group method enabled me to gain collective views about children's mental health and also allowed me to observe the ways in which different groups discussed different topics. This provided richer contextual detail which I may not have gained from individual interviews.

### **3.5 Summary**

The outcomes from this phase of the study were considered in relation the data collected in the scoping exercise (Phase-One) which provided contextual information and an overview of existing practices in primary schools in Fernston. I was able to determine how Barkwood Primary School's practices compared with these other primary schools in the county.

One of the key aims of this study was to explore the usefulness of the MacDonald and O'Hara Ten Element Map (1998) for providing an effective framework for investigating existing practices for promoting children's mental health in Barkwood Primary School. In addition, I also aimed to explore how school staff, children and parents at Barkwood Primary School understood children's mental health.

The following chapter provides a detailed account of the analysis and discussion of the findings from both phases of this study.



## CHAPTER FOUR

### Analysis and Discussion of Findings

This study into mental health promotion in mainstream primary schools was carried out over two-phases. To structure the analysis of the findings from both phases, I firstly present an overview of the findings from the initial scoping exercise: a questionnaire to all mainstream primary schools in Fernston. These findings address Research Question One: *How do mainstream primary schools currently promote emotional well-being and mental health?* This question was broken down into seven sub-questions, the analysis for which is discussed below.

This phase was an initial exploration into how primary schools in Fernston currently promote children's mental health. I aimed to recruit one primary school to participate in an action research inquiry (Phase-Two). The findings from the questionnaire are presented in tabular format with accompanying prose to elaborate and discuss my findings in relation to relevant literature.

The action research phase formed the substantive part of this study and is therefore discussed in greater detail in relation to the Ten Element Map (MacDonald and O'Hara 1998) and relevant literature which was introduced in Chapters One and Two.

I conclude the findings from both stages of this study in Chapter Five, from which I reflect upon current practices for promoting mental health at a whole-school level and the effectiveness of using existing frameworks (MacDonald and O'Hara 1998 and Bronfenbrenner 2005) to support a school in developing their current practice.

#### 4.1 Phase-One: Initial scoping exercise (questionnaire)

A questionnaire was sent to all 32 mainstream primary schools in Fernston to explore how schools currently promote children's mental health at a whole-school level. 8 schools responded (25%). The questionnaire was a scoping exercise to explore current practices and provide schools with an opportunity to volunteer for the action research (AR) phase of this inquiry. The salient findings are briefly discussed below in relation to the research questions identified in Chapter Three (full details of the findings can be found in Appendix 9). Barkwood Primary School's responses are represented below in **navy**. The questions asked in the questionnaire are presented in grey text boxes.

*i. Do schools receive additional funding and support to meet guidelines? To what extent are other LA services involved (who, how, where).*

*This research question was derived from the following policy and literature: DfES & DoH 1999& 2002, MHF 1999, Weare 2000, Atkinson & Hornby 2002, DoH 2003, Hornby & Atkinson 2003, OFSTED 2005, Cattan & Tilford 2006, Barry & Jenkins 2007, NICE 2008, DfE 2010, Hall 2010, DfE 2011, DfE 2012, DfE 2013*

All of the schools who replied to the questionnaire reported that they do not receive any additional funding to meet the government guidelines on mental health and emotional well-being promotion. This is despite the government recently stating that in order to improve core aspects of people's lives, improvements need to be made to mental health and well-being (Gov.uk, 2013).

The WHO (2013) clearly states that it is the responsibility of all government departments to promote mental health and preventing mental disorders. It is therefore encouraging to report that despite not receiving any additional funding, most of the respondents said they do receive support from a number of other LA services (see Table 4.1).

The majority of this support was provided to schools on a monthly or termly basis. Barkwood Primary School reported they do not receive any support to promote emotional well-being or mental health.

**Table 4.1: Support schools received from Local Authority services**

	No of responses	Frequency					
		Weekly	Monthly	Termly	Twice Year	Annually	Never
<b>Educational Psychology Service:</b>	7	0	2	6	0	0	0
<b>Child and Adult Mental Health Service:</b>	7	0	1	4	0	2	1
<b>Special Educational Needs Support Service:</b>	7	0	3	5	0	0	0
<b>School Nurse:</b>	6	1	2	5	0	0	0
<b>School Counsellors:</b>	2	1	0	0	0	1	6
<b>Health Services:</b>	3	0	0	3	3	0	2
<b>Other (please specify):</b>	5	0	0	1	2	1	4

*What structures are currently in place in schools to support and promote emotional well-being and positive mental health at a whole school level?*

*Are school staff aware of existing guidelines (e.g. DoH/DfES, NICE, NHSS)?*

The majority of schools said there is a designated lead professional in the school whose key responsibility is the coordination of whole-school emotional well-being and mental health approaches (87.5%). This person was either the head teacher (37.5%), a senior member of staff (25%), or the SENCo (25%). At Barkwood a teacher on the upper pay scale is the lead professional and ultimately responsible.

Table 4.2 illustrates the respondent's perception of the percentage of school staff who were aware of existing guidelines.

**Table 4.2: Percentage of school staff aware of existing guidelines**

	<b>% of staff aware</b>	<b>No of schools</b>
<b>0%:</b>	12.5%	1
<b>10%:</b>	0.0%	0
<b>20%:</b>	25.0%	2
<b>30%:</b>	25.0%	<b>2</b>
<b>40%:</b>	0.0%	0
<b>50%:</b>	0.0%	0
<b>60%:</b>	0.0%	0
<b>70%:</b>	12.5%	1
<b>80%:</b>	12.5%	1
<b>90%:</b>	0.0%	0
<b>100%:</b>	12.5%	1

The guidelines that are being referred to in this question were referenced in brackets at the end of the question on the questionnaire, however on reflection, these guidelines needed to be made much more explicit. Information should have been provided outlining the key points from each of the guidance and policy being referred to. Not only would this have help create a shared sense of understanding between the participants and the researcher about what guidance was being referred to, but

also the validity and reliability of the question and responses would have been strengthened (e.g. *do the responses measure what the question intended to measure?*). Against this, the findings regarding the percentage of staff who were aware of existing guidelines should be interpreted with caution, due to limitations with the design of the question which impacted on the validity of the findings.

*Are school staff working towards the NHSS guidelines? If so how, and how is impact measured, and what are the criterion for measuring success?*

In 1999 the DfEE carried out a review of the national curriculum in an attempt to include more emphasis on emotional well-being and social development (DfEE 1999a). Responses from this questionnaire indicated that these aims have come to fruition as all schools reported a number of different methods they incorporate into the curriculum to support children's mental health at a whole school level. The most frequently reported methods were direct teaching of social and emotional skills, utilising the SEAL resources and the implementation of anti-bullying policies. Other popular methods included: staff training, peer support systems, nurture groups and coordinated multagency working. The majority of schools measure the impact of these approaches using existing school data, such as attendance rates, behaviour records and number of exclusions. One school reported using the Boxall Profile (a checklist completed by school staff, it aims to measure progress through the different aspects of development) to measure impact. So, despite schools reporting that the majority of their school staff not being aware of existing guidance, it has not prevented the implementation of effective intervention within the curriculum to promote positive mental health and emotional well-being.

*What do school staff perceive as their role/responsibility in supporting and promoting emotional well-being and positive mental health?*

The WHO (2005) advocates that everyone has a role and responsibility in mental health promotion in order to make positive improvements in people's mental health. However, most respondents felt that mental health promotion and issues concerning emotional well-being should be provided by specialists (62.5%). Many perceived that the role of school staff should be to either offer or provide advice and guidance to families and children, or to signpost children and families to specialist services (87.5%). Despite a wealth of research which states that schools are well placed for supporting the development of children's emotional development (Weare 2000, Hornby & Atkinson, 2003, Wells et al, 2003), half of the respondents did not think school staff should provide front-line prevention and intervention. A quarter of respondents, including Barkwood consider this a role for school staff.

*What do school staff perceive as the challenges and barriers to schools in promoting emotional well-being and positive mental health at a whole school level?*

*What do school staff perceive as the effective factors for promoting emotional well-being and mental health at a whole school level?*

The majority of respondents, including Barkwood perceive that the main challenge for implementing whole-school approaches to support emotional well-being and positive mental health was the lack of specialist knowledge about mental health (Table 4.3). The lack of input from specialist services ranged from somewhat challenging to be a

significant or a major challenge. Barkwood perceived lack of input from specialist services to be a significant challenge for them.

Table 4.3 illustrates factors which respondents perceived to be effective for supporting emotional well-being and mental health at a whole-school level. All respondents reported that for the effective promotion of mental health, it needed to be a whole-school priority.

**Table 4.3: Perceived challenges and perceived effective factors for promoting mental health at a whole-school level**

	specialist knowledge about EWB&MH	Input from specialist services	multi-agency collaboration	resources	school structure	Other priorities
<b>Not a challenge</b>	0.0%	12.5%	12.5%	12.5%	12.5%	0.0%
<b>Minor challenge</b>	12.5%	0.0%	<b>12.5%</b>	25.0%	25.0%	12.5%
<b>Somewhat challenging</b>	0.0%	25.0%	25.0%	<b>12.5%</b>	25.0%	12.5%
<b>Significant challenge</b>	<b>50.0%</b>	<b>37.5%</b>	25.0%	37.5%	<b>37.5%</b>	<b>25.0%</b>
<b>Major challenge</b>	37.5%	25.0%	25.0%	12.5%	0.0%	50.0%
<b>Very effective</b>	<b>50.0%</b>	<b>75.0%</b>	75.0%	37.5%	25.0%	75.0%
<b>Effective</b>	37.5%	12.5%	<b>25.0%</b>	<b>37.5%</b>	<b>37.5%</b>	<b>25.0%</b>
<b>Somewhat effective</b>	12.5%	12.5%	0.0%	25.0%	25.0%	0.0%
<b>Little effect</b>	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%
<b>No effect</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

#### 4.1.1 Interpretation of findings

*In summary*, half of the schools who responded to this questionnaire, judged the mental health needs of their school community to be of medium risk including Barkwood Primary School. Three schools considered the community to be of high

risk, whilst one school considered their community to be of low risk. Despite the degree of perceived risk, only half of the schools stated that promoting children's mental health was a current priority. Just over half of the schools who responded had National Healthy Schools Status.

All of the schools considered that mental health promotion should be carried out by specialist services. All of the respondents reported that a significant challenge for them was the lack of input from specialist services. However, further analysis of the data indicates that all but one school (Barkwood Primary School) receive regular support from specialist services such as the Educational Psychology Service, CAMHS, school counsellors etc. Further insight is needed into the nature of support provided by these services. A possible explanation for this is the perceived support offered by specialist services is generally provided to individual children and less so at a whole-school level or through training. This may be an area for further investigation.

It is possible that services which support schools are unaware of these perceived 'unmet needs', therefore there is a need for further exploration of what schools actually need to effectively promote children's mental health at a whole-school level. The government specified a need for *more decisions about mental health to be made locally, with more flexibility for local people to make decisions based on local needs* (DoH 2011), therefore it maybe necessary for discussions to be had directly between specialist services and schools in order to effectively address school's specific needs.

The WHO (2005) and the Government (DfE 2011) maintain that money is not the key determinant to ensure positive mental health, but rather awareness and active



involvement by each member of the community is required. The findings from this questionnaire suggest that to achieve active involvement from school staff, further support is required to enable school staff to feel competent, confident and knowledgeable in the field. This can be achieved by endorsing the development of individual attributes, skills and relationships (The WHO 2013) and strengthening connections between health, education and communities, taking into account individual, groups and community needs (Tilford 2006, DfE & DoH *CAMHS review* 2008, DoH *No Health without Mental Health* 2011, Children & Families Bill 2013). According to the literature presented in Chapters One and Two (e.g. Antonovsky 1996, MacDonald and O'Hara 1998, Bronfenbrenner 2005), by advocating the above approach schools should see meaningful advances towards a salutogenic view of mental health, and a move away from the traditional constricted pathogenic model of mental health.

#### **4.2 Phase-Two: Action Research Inquiry**

As this study adopted a salutogenic view of mental health, I was concerned to explore factors which promote children's mental health, and develop existing whole-school practices. The Ten Element Map (MacDonald and O'Hara 1998) aligned with Bronfenbrenner's bioecological model (2005) and considers the individual to be at the centre of and embedded in a number of environmental systems, each of which interact not only with one another but also with the individual to influence development. In turn, the mental health of each person is likely to influence these systems (Harmen et al, 2006).

The findings are discussed below in relation to each element on MacDonald and O'Hara's Ten Element Map (1998) and in relation to the individual and the micro, meso, exo-system and macro systems (MacDonald and O'Hara 1998, Bronfenbrenner 2005, MacDonald 2006). The findings will be represented using the conceptual framework (Figure 2.4) and literature introduced in Chapters One and Two.

I analysed the data over a series of stages (discussed in 3,4,7,iv,) to reach a conceptual level of interpretation (an example of these stage of analysis can be found in Appendix 10). This phase of the study yielded a vast amount of qualitative data; therefore I will firstly provide a summary of the key themes which emerged from each element of the Ten Element Map. I present the sub-themes in the 'tree' format as suggested by Thomas (2009) and in figurative format to illustrate the location of these factors in the nested layers of the ecology suggested by Bronfenbrenner (2005) using Figure 2.4.

The questions in the focus groups were underpinned by factors which promote and/or demote children's mental health, as identified by MacDonald and O'Hara (1998) and literature introduced in Chapters One and Two. The findings are structured in six sub-sections:

1. What is mental health: participants' understanding?
2. factors which promote/demote children's self-esteem;
3. factors which promote/demote children's emotional processing;
4. factors which promote/demote children's social participation;
5. factors which promote/demote children's self-management skills; and

## 6. environmental factors which influence mental health.

To conclude the findings from Phase-Two of this study, I will summarise the four super-ordinate themes which were considered to have the greatest relevance on children's mental health at Barkwood Primary School.

The findings were shared and discussed with the steering group at Barkwood Primary School to determine implications for future action to further promote children's mental health at a whole-school level. An action plan was collaboratively developed based on these findings; the action plan is presented at the end of this chapter.

### **4.2.1. What is mental health: Participants' understanding?**

To introduce and set the context for the focus groups, and to understand what mental health meant to the participants, I carried out a short activity asking parents and school staff to consider *what is mental health, and what factors did they think influenced children's mental health?*.

The most common answer from both groups was for a child to be happy and confident. Parents expanded and were able to identify a number of interpersonal skills and characteristics which may indicate that a child was emotionally healthy; these included caring, grounded/down to earth, optimistic, inquisitive, empathetic, and friendly.

Parents and teachers identified similar factors which they considered to affect children's mental health, these included gender, number of siblings, age, special educational needs, home life, nurturing environment, and having the skills to express themselves. These attributions are also identified in a wealth of literature (Atkinson and Hornby 2002, Sixsmith et al 2004, Tew 2005, Cattan 2006, DCP 2013 )

*listened to, nurtured  
(Teacher).*

I conducted a similar activity with the Year 5 and 6 children. Following a short definition of what mental health was (using the WHO 2013 definition introduced in Chapter One 1.2.2), I asked them if they could think of any other factors which may influence children's mental health, their answers included, being happy, being excited, someone who joins in, someone who shares, someone who tells people when they are upset/talks about their feeling, someone who will ask for help and someone who cheers others up.

*I was thinking a person who is not afraid to  
show what they are upset about  
(Child, Year 5/6).*

I also asked the children to rank in order of importance; people who they thought helped them to stay emotionally healthy. The children voted parents top of the list, followed by other family members, followed by teachers and friends (equally ranked third).

*Parents and then I put friends and then family  
(Child, Year 3/4).*

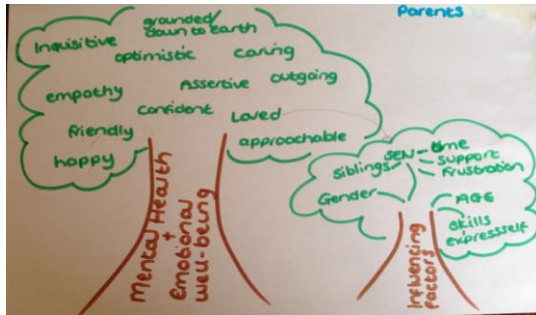
*I would put teachers first (...) because when my  
mum was poorly the teachers help me at school  
(Child, Year 5/6).*

The Box below presents the sub-themes which emerged from all of the focus group discussions regarding factors associated with mental health. *In summary*, the majority of responses focused on the individual characteristics of a child. Characteristics included personality traits (cognitive, behavioural and emotional characteristics described by Bronfenbrenner 2005) and skills which the child possessed (e.g. social and communication skills).

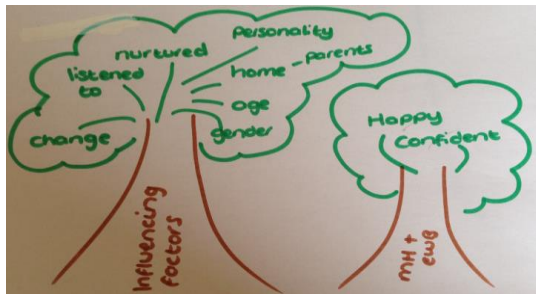
As noted previously, when the children were asked to identify and rank people within the micro system whom they thought helped them to stay emotionally healthy, they positioned parents at the top, followed by other family members, then teachers and friends. Parents also identified conditions at home as being an influencing factor in the micro system. Responses were similar to those described by Maslow (1968) as 'basic human needs' (e.g. love and comfort). There were some discussions between the adults in both focus groups regarding the need for consistency within the home and school environment, this could be inferred as interactions within the meso-system which impact on the child's development and well-being.

Sub-themes for "what is mental health?"

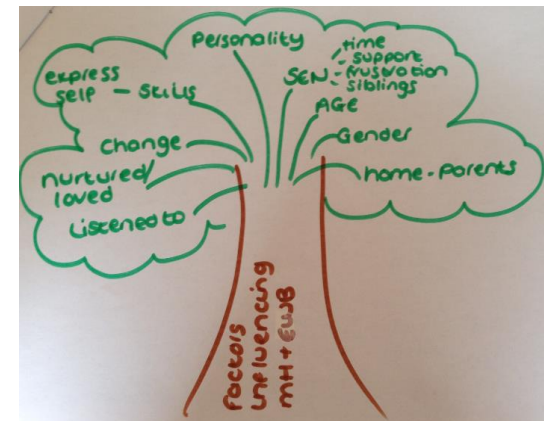
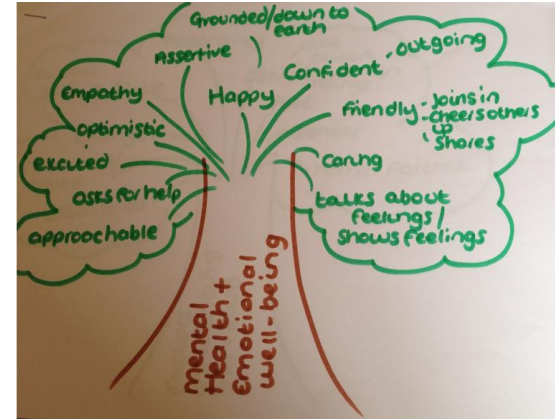
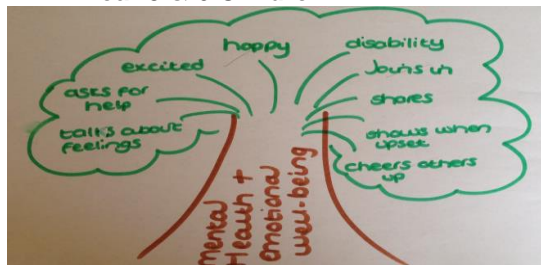
Parents



Teachers



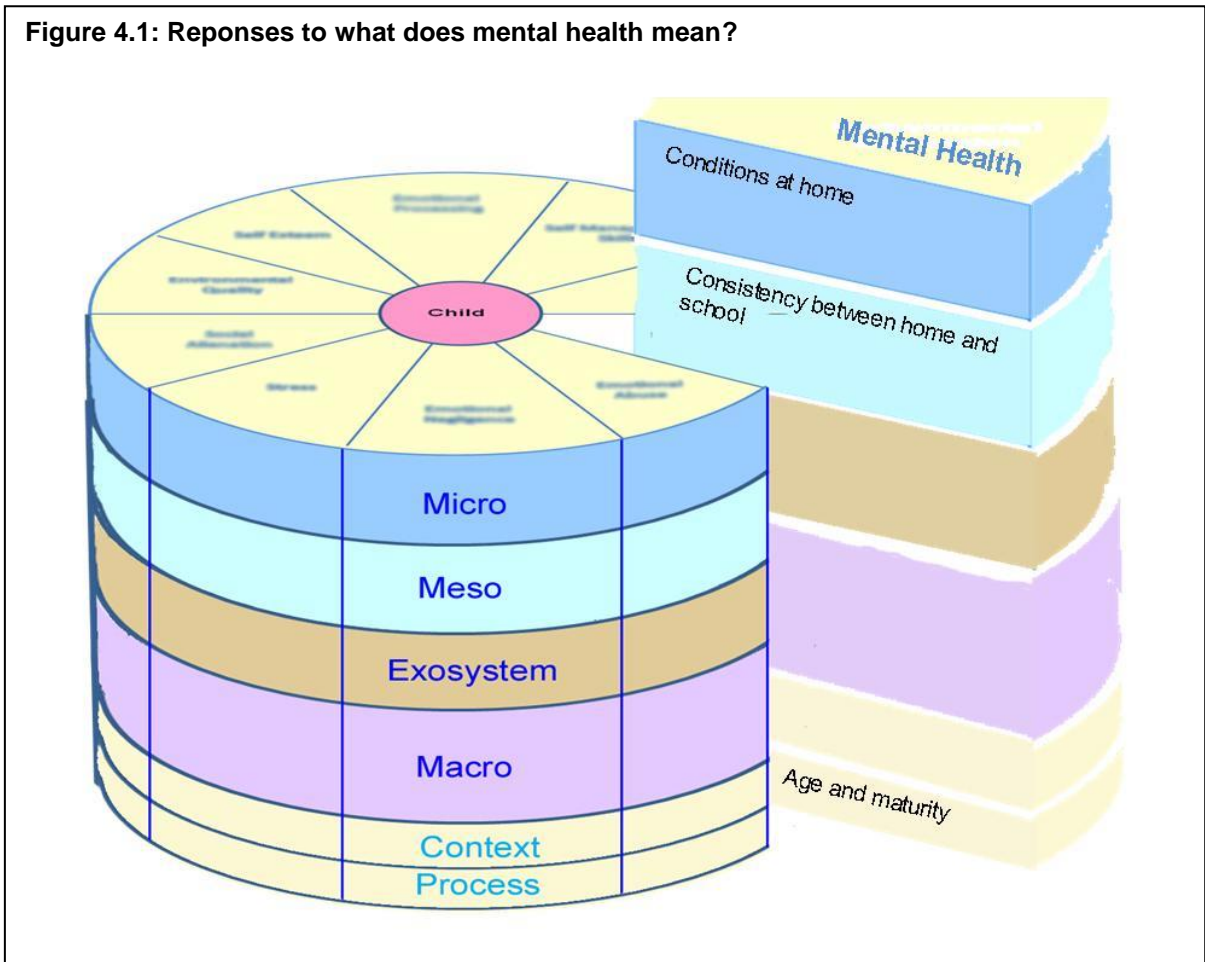
Year 5 & 6 Children



Literature discussed in Chapter Two emphasised the significant impact that environmental and social factors have on mental health. These findings would suggest that apart from conditions at home, parents and teachers did not identify influencing factors within the micro system (peers, family and school) which influence children's mental health. Without prompts, participants were unable to suggest how these conditions could be created by people living within these systems.

Much of the literature indicates that mental health is a social and community responsibility (MacDonald and O'Hara 1998, Herman et al 2005, MacDonald 2006, The Mental Health Foundation 2007, DoH 2011, The WHO 2013). The findings from this inquiry suggest that there is a need to further develop this concept with members of the school community at Barkwood Primary School. It appears that people have narrow constructs about what mental health is and the factors influencing it. I would conclude at this stage of the analysis, that initial understanding of mental health could be considered to take a pathogenic view, with significant focus being on individual functioning and skill deficit. Figure 4.1 presents these findings from a bioecological perspective.

Figure 4.1: Responses to what does mental health mean?



#### 4.2.2 Self-esteem

MacDonald and O'Hara (1998) described self esteem as being dependent on:

*our underlying belief about our worthiness and significance as a person in our own right, and not only as a result of our activity in the world.*

(MacDonald & O'Hara, 1998, p.17)

They explain that the way in which we see ourselves in the world, will influence what we do. They state that how we come to view our value is a learnt process which is constructed in a social context.



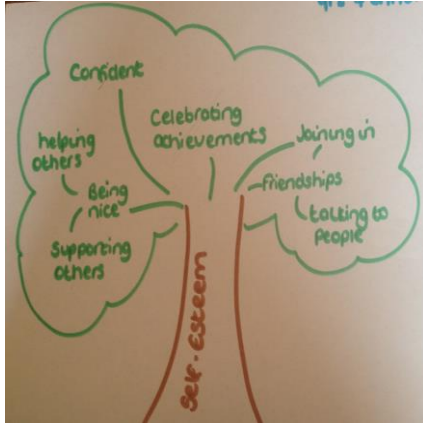
The parents and the teachers spent roughly the same amount of time discussing this topic. The teachers spent more time discussing the influence that parents play, whereas the parents spend the most time discussing the impact that teachers can play on how a child feels about themselves. All of the participants noted the role that other people can play on how children feel about themselves. The Box below illustrates the sub-themes from all the focus groups.

MacDonald and O'Hara (1998) suggest that enhancing self-esteem should be a proactive *process*. Much of the literature discussed in Chapter Two indicates that self-concept and self-worth is learnt through social interactions; the interplay between experiences in the social world and how a person makes sense of themselves, impacts on future actions – success, competencies and significance (Caplan 1959, Western 2002). Against this background then, I expected my finding to illustrate a number of interactions between the individual child and the micro systems.

The findings from this inquiry do not place any emphasis on how the child perceives themselves, rather the focus is on the actions of people within the micro system (parents and teachers) and/or how these people perceive the child impacts upon the child's development and self-esteem. At this stage of my analysis, the child appears to be positioned by adults as passive and not a self-reflecting individual.

Sub-themes for self-esteem

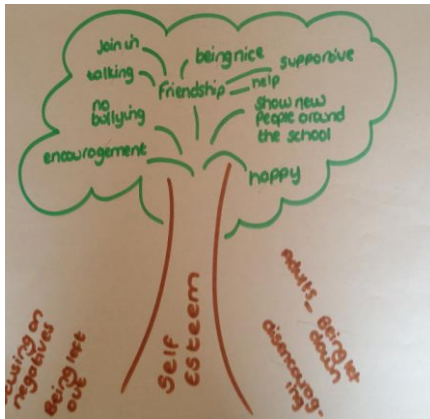
Year 3 & 4 Children



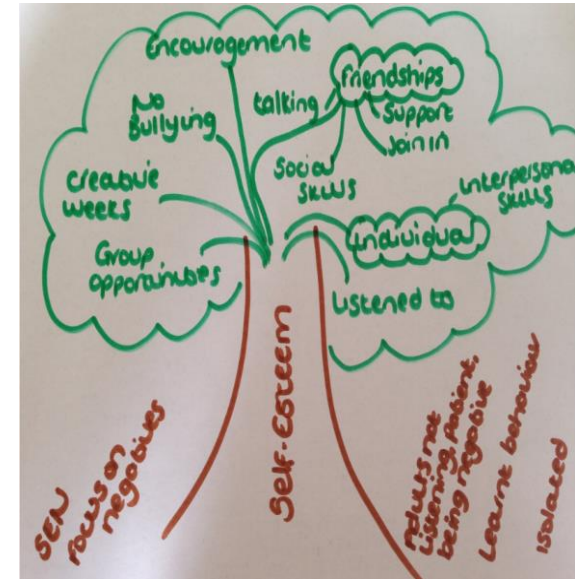
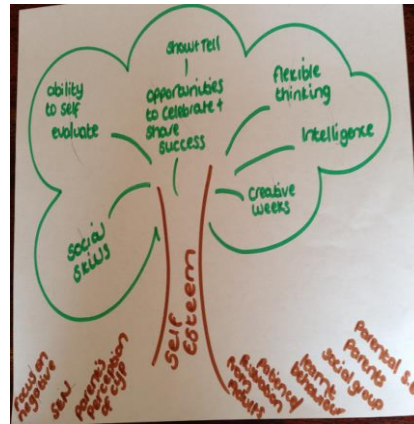
Parents



Year 5 & 6 Children



Teachers



*How parents see themselves, if they are negative or have not got high self-esteem, they (the child) copy that behaviour*  
(Teacher).

*She (the teacher) didn't focus on the positives, it was not academic but an achievement, (name) was really excited and proud to tell his teacher*  
(Parent).

*I feel that they (teachers) always try and make time to listen to the children*  
(Parent).

MacDonald and O'Hara (1998) state that the development of positive self-esteem and self-worth requires the individual to have effective skills for managing social interaction (e.g. joining in with others) and consequently being accepted by peers. The adults in this inquiry considered having responsibilities at home and school facilitated the development of these social skills.

*The creative weeks that we have where we vertically group the children so we have got – in the past we have had three groups which have ranged from reception up to year six which means that they can help each other*  
(Teacher).

The children placed considerable emphasis on having friends and being accepted by their peers, they saw this as a two-way process; they help and encourage each other. Whilst there was recognition that children influence each other, the adults did not discuss the importance of friendships.

*Telling him he is good at things*  
(Child, Year 3/4).

*to make sure he is confident about the work he is doing*  
(Child Year 3/4).

*(when) playing a game don't leave him out*  
(Child Year 5/6.)

*Letting him have more than one friend but still joining in with the others*  
(Child Year 5/6).

*For the parents not to let him down like – if they had promised him something – not to say no*  
(Child Year 5/6).

*Help him if he is stuck on homework*  
(Child, Year 5/6).

A dominant theme which emerged from the data was a strong focus on extrinsic recognition of achievement rather than an intrinsic sense of achievement. For example, adults placed considerable emphasis on public recognition of success and achievement through assemblies and awards etc. Parents consider it to be school staff's responsibility to provide these opportunities.

*Group activities for self esteem, like Leaf Wood (residential trip)*  
(Parent).

*In nursery show and tell is every single day (...) the less it gets as they get older*  
(Parent).

Interestingly, the children did not report rewards, certificates or trophies to influence how they felt about themselves. The children's responses referred to the actions of those in the micro system e.g. in what they do or say, this finding is also supported by literature (MacDonald and O'Hara 1998, Hornby and Atkinson 2003, Hall 2010).

Erickson (1963) suggested that people continue to self-evaluate throughout the life span, with self-development being a life long process. Against this assertion, it is important to maintain and provide opportunities for children and young people to develop positive self-concepts through regular feedback (James and James 2008). The literature indicates that the development of self-worth is achieved through feedback from the micro system, although it is equally important that children are taught how to develop an internal sense of pride and intrinsic achievement. Having the ability to internally self-monitor and self-evaluate in order to develop an internal sense of self-worth is fundamental to the development of self-esteem (Field 1993, Western 2002).

*liked children attract liked children.  
(Teacher).*

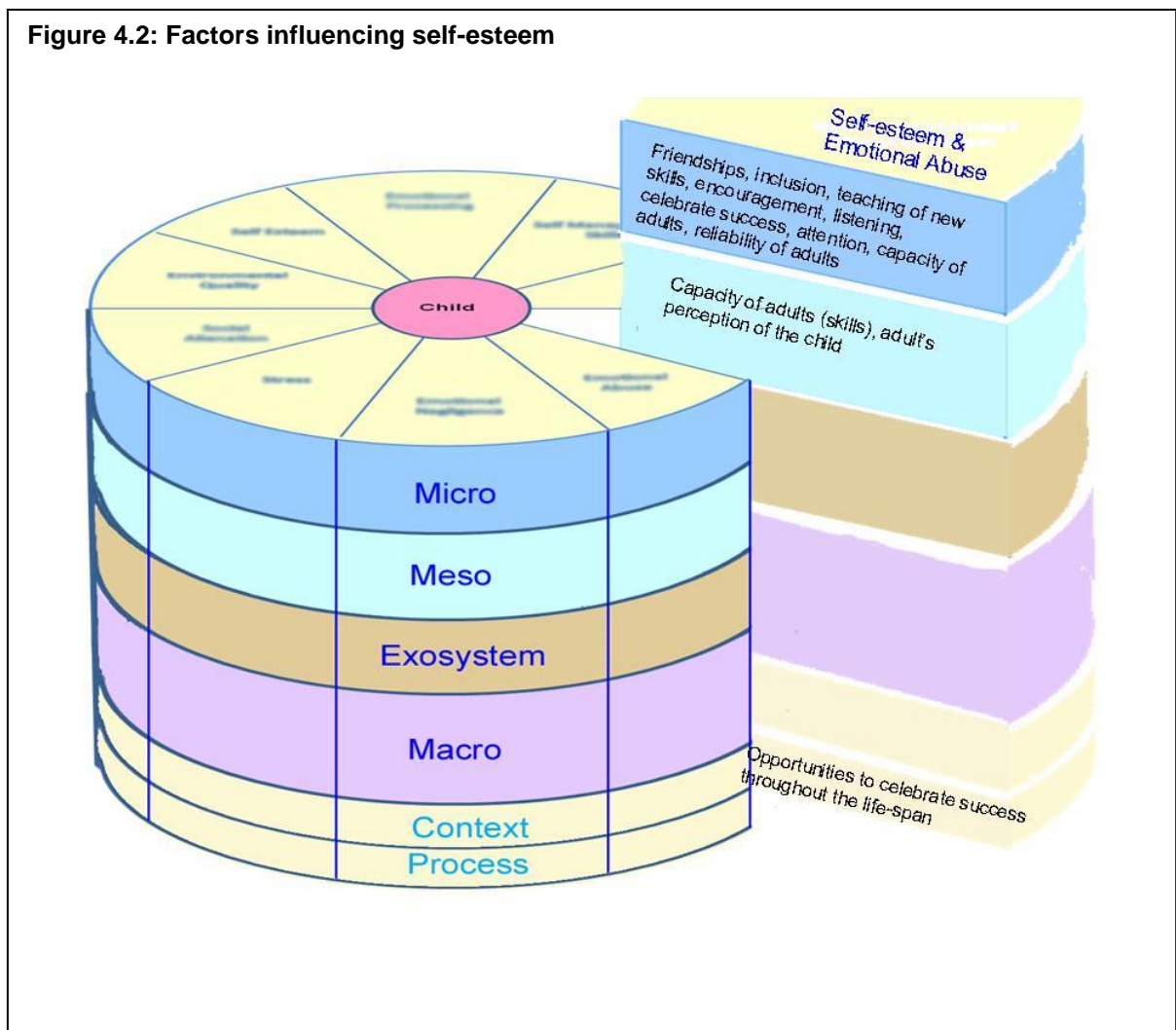
Research indicates a link between mental health, self-esteem and school success (Harter 1996, Ferragina et al 2013). All of the focus groups reported that special educational needs were factors which negatively impacted on a child's self-esteem and sense of self-worth. There were mixed views on how well the school promoted self-esteem for those children with additional learning needs.

*Improvements were being made, but there is still along way to go  
(Parent).*

A common theme which emerged from the data from the adults, was recognition that self-esteem is multi-dimensional (Harter 1996), and therefore, children's other

(compensatory) strengths, need to be recognised. All participants identified the school environment as a place which provides opportunities for children to showcase and develop other skills (e.g. creative or physical skills etc).

Figure 4.2 presents an overview of these findings from a bioecological perspective. *In summary*, the age of the child, the individual needs of a child and the actions of those within the micro system were considered to be factors which influenced effective development of children’s self-esteem.



Hornby and Atkinson (2003) discuss the impact of a low sense of self-worth on mental health. There was a strong theme emerging from all of the focus groups,

regarding the importance of building children's confidence and promoting a positive self-esteem by focusing on the strengths and achievements of a child from a broad perspective.

### 4.2.3 Emotional processing

MacDonald and O'Hara describe emotional processing as having an awareness of our own and others' emotions. It is having the skills to express ourselves and listen to others. They say that the development of these skills is influenced by:

*how important operating at the affective level is seen by  
parents, teachers and the education system in general*

(MacDonald and O'Hara, 1998, p.18).

The participants in this study perceived that children develop the skills to manage their behaviour and develop empathy skills through supportive factors within the micro system (e.g. support from peers and adults).

*We are role models, the way we treat each other around the  
school and the way we talk to each other*

*(Teacher).*

*I think it is how they have been taught at home as well*

*(Parent).*

The children identified teachers and friends as being important factors, but again recognised that they had a role to play in helping other children.

*They (teachers) come and cheer you up (..) pull funny faces, give him a hug*

*(Child Year 3/4).*

*Try and support them (...) say alright, don't worry about it wasn't your fault*

*(Child Year 5/6).*

*When my step-mum got cancer I knew that I could go and talk to my teacher about it (...) she said that her sister went through the same thing and she said it was going to be alright*

*(Child Year 5/6).*

*like if someone's mum and dad split up, they (the teachers) help you understand and help you through it, that is what they did for me*

*(Child Year 5/6).*

The Box below illustrates the key themes which emerged from all four focus groups.

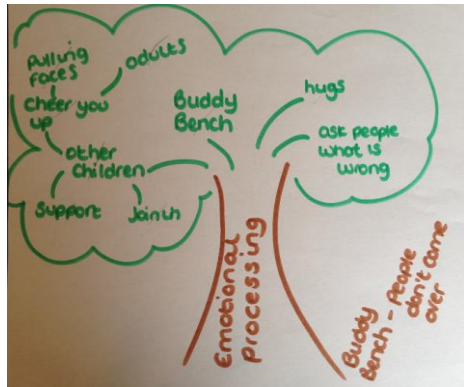
There was a great deal of discussion regarding social inclusion, by which the participants referred to as joining in/playing with other children. Parents reported that the number of siblings the child had influenced their behaviour and social skills. The findings from this study indicated that playing with other children provided opportunities to develop effective social skills and an awareness of other people's needs (Bandura 2001).

Parents considered school staff to be effective at managing the social dynamics between children. The parents also felt that school staff were excellent at encouraging children to help and support each other. All participants reported there was '*no bullying*' in the school.

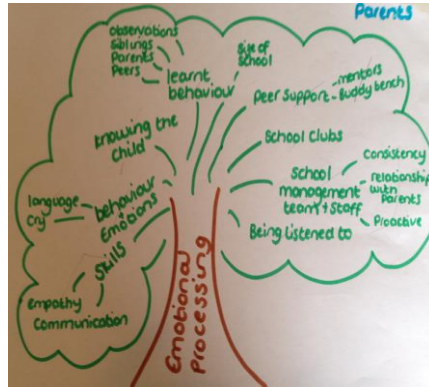


Sub-themes for emotional processing

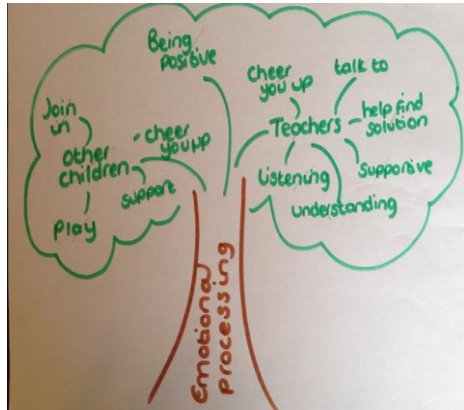
Year 3 & 4 Children



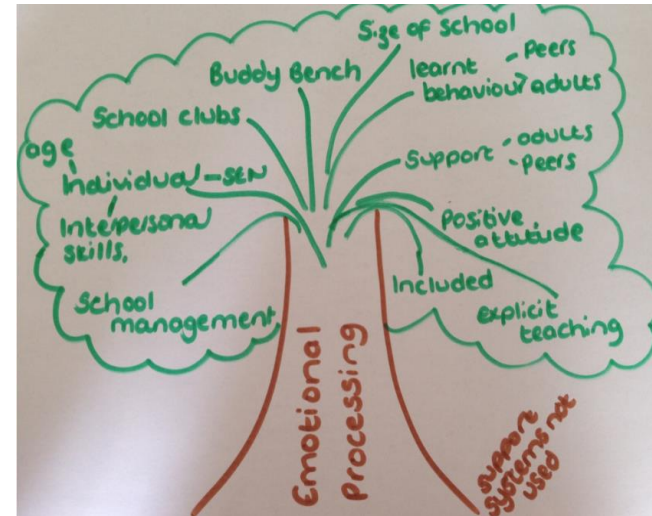
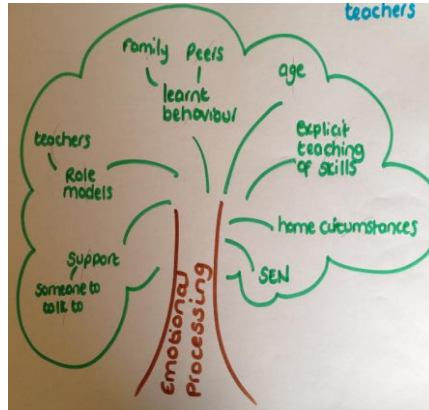
Parents



Year 5 & 6 Children



Teachers



The teachers stated that they explicitly taught children these skills and modelled examples of expected behaviour. They said that the PSHE curriculum provides an opportunity for directly teaching social skills and developing an awareness of other people's feelings.

Age and SEN again featured as influencing factors; children need to be able to understand their feelings in order to manage them.

*Age, it is so hard for the little ones to understand and they can't manage their emotions well*

*(Teacher).*

*I am thinking of one little boy with special needs - how they manage how frustrated they get means they lose control of their emotions*

*(Teacher).*

*I think what is going on at home can have a lot to do (...) knowing children that have quite unstable home lives (...) you can talk through those things with the child if they are not getting an outlet for that (their emotions)*

*(Teacher).*

*my son is an only child (...) I don't know if people have got expectations as they will say he is not good at sharing (...) because he obviously has not got anyone to share with*

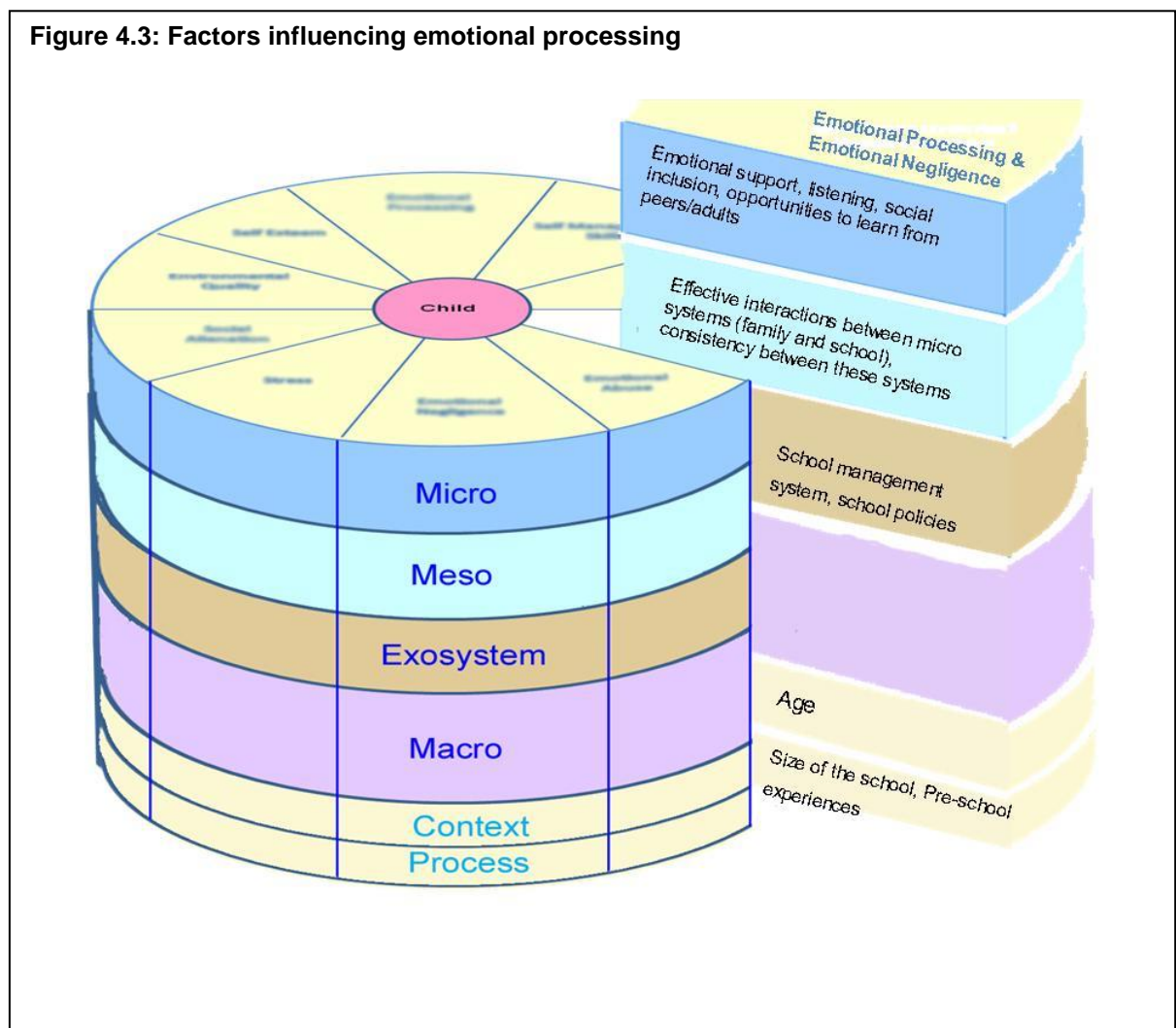
*(Parent).*

*some children express it (their emotions) through their behaviour*

*(Parent).*

Literature also advocates that children are active explorers of their social environment, as they improve their cognitive skills, they also develop self-concepts and learn ways of interacting with others (Shaffer and Kipp 2010).

These findings suggest that there are a number of individual factors such as personality and academic abilities which impact upon children developing effective emotional processing skills. The findings also suggest a need to strengthen the partnership between school and home in order to develop a consistent approach to supporting children’s development of these skills. Figure 4.3 provides an overview of factors which influence the development of these skills from a bioecological perspective.



#### 4.2.4 Social participation

Social participation refers to the active involvement of individuals and groups in meaningful and interdependent relationships, which contribute to a social richness (MacDonald and O'Hara, 1998).

*Social support can have either a general effect in improving mental health and through a buffering effect in particularly stressful experience.*

(MacDonald and O'Hara, 1998, p.20)

MacDonald and O'Hara (1998) continue to assert that effective promotion of mental health is achieved at an organisational level, not just the individual level. The findings indicated that there were a number of clubs and social activities identified for children to participate in.

*Knitting club (...) help to calm down*

*(Child Year 3/4).*

*homework club because we focus on getting the answers right*

*(Child Year 3/4).*

*Activity club, we only do it when there is a celebration – like Christmas or something or Easter*

*(Child Year 3/4).*

*Friendship club (...) is what makes a good friend and how you support people*

*(Child Year 5/6).*

*it is not a real club but I thought we could have a games club different years come together to play board games*

*(Child Year 5/6).*

Opportunities to participate in these activities needed to be mediated by adults in the micro system (for example, supervising/setting up the club or in terms of logistically supporting the child to get the club e.g. travel etc). Many parents reported parental support was a crucial factor, although some did note that time played a vital role and sometimes it could be difficult to get children to all of the clubs.

*... they are not bringing them back – if we do any performance for the Christmas play (...) we know what family wont come back so that prevents those children from ever getting a big part*

*(Teacher).*

*It is a lot of travelling*

*(Parent).*

Once again, age was perceived to be a barrier for attending such clubs or event.

*P= parent*

*P1:they do after school clubs and breakfast clubs*

*P2:there are not many choices for reception though*

*P1:they are being reduced a lot as they didn't get the response that they needed*

*P2: I thought that there would be a bit more for reception because they are very active*

*P1: they are tired when they have done a full day*

*(Parents).*

Ferragina et al (2013) identified educational attainment to be linked with participation; the higher the qualification, the greater level of participation. The findings from this study did not identify the academic abilities of the individual child to enhance or hinder social participation. Individual factors which were identified in this study were

considered to be personality traits and individual's application of appropriate social and communication skills.

*My xxx (Child's name) is gutted he has tried every year to get on that counsel (...) but they have to be voted in and if they are not a real popular child (...) cant they find a way where they could take it in turns (...) they could incorporate little deputies that could work*

*(Parent).*

The Box below illustrates the factors identified during the focus groups which were considered to promote or demote social participation.

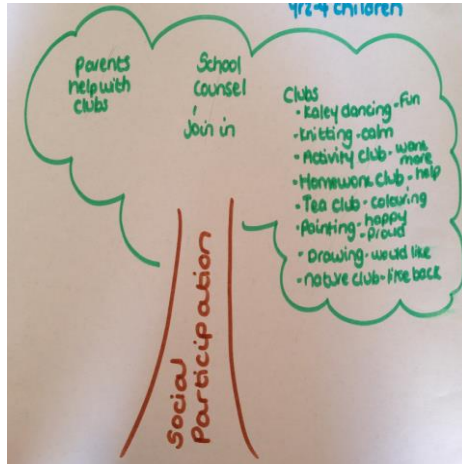
Participation is a social phenomenon and therefore has to be achieved at an organisational level, not just the individual level. The findings from this study further corroborate with this premise.

These findings advocate the notion that the people around the child (e.g. parents and teachers) are responsible for facilitating the children's ability to participate, either by i) practically providing opportunities as noted above, or ii) by providing emotional support to the child in times of distress with the aim that the child will subsequently manage their own feelings more effectively. Supporting children to manage their feelings was considered to be a preventative measure to avoid social exclusion.

The children were involved in developing the class rules, have jobs within the class, all of which were considered to provide opportunities for the children to participate within the school community.

## Sub-themes for social participation

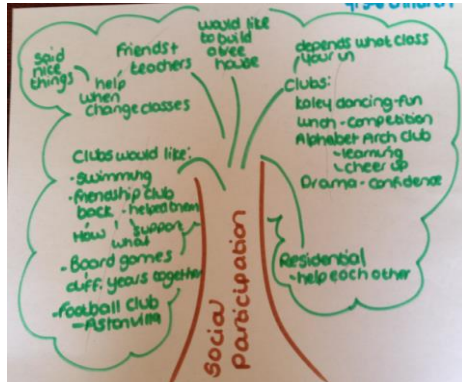
Year 3 & 4 Children



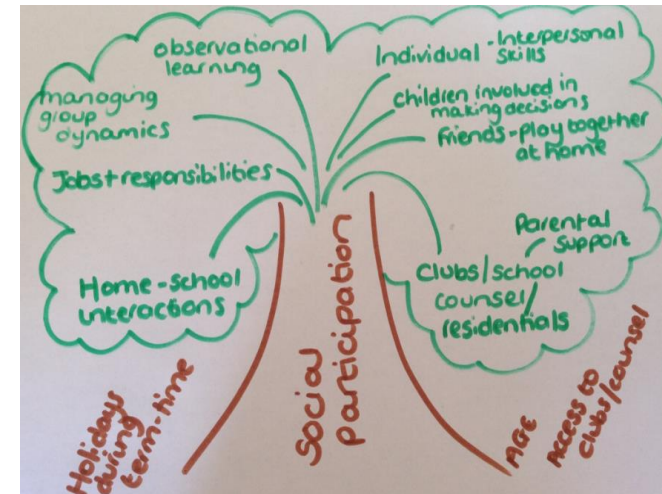
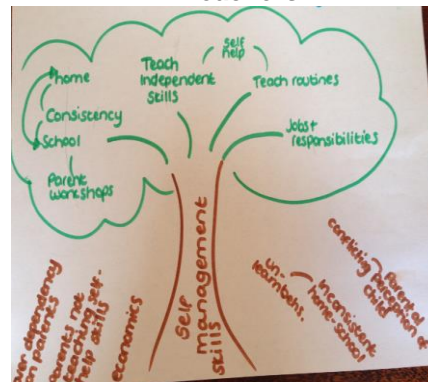
Parents



Year 5 & 6 Children



Teachers



There was lots of discussion regarding the role of attendance and participation. The teachers reported that when children are absent from school due to holidays during school time it impacts upon social interactions and participation. The teachers asserted that holidays during term time had a detrimental affect on the children's social development and inclusion. They reasoned that opportunities to play and bond with their peers provided opportunities for the children to develop their social skills, they considered this to be as important, if not more so than academic learning.

*I think when you have been away for a while – like I have just had someone that came back yesterday she has been in India ever since Christmas I think it makes a difference especially in that first week back – they feel very excluded in what has gone on and bit out of it*

*(Teacher).*

*After the end of term Christmas concert xxx (name) got whisked away, that little face, he was gutted*

*(Teacher).*

*Children have a responsibility to the team, they are letting the class down. It is not the child's fault but they will indirectly be learning this from their parents, if parents do not value these team playing skills the children will not*

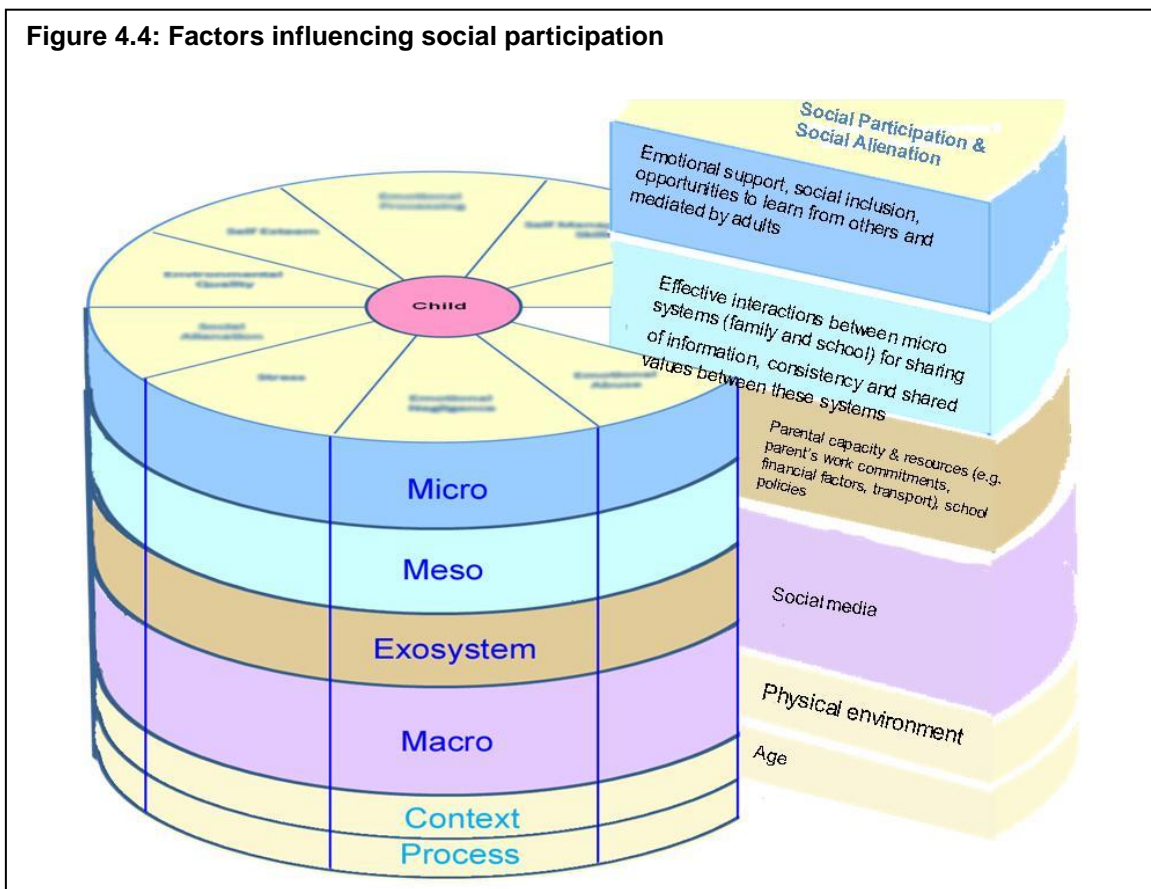
*(Teacher).*

Whilst teachers attributed good attendance to be rooted in parental capacity and values, it would be valuable to gain the views of children and parents on this specific topic, which could then inform a whole-school approach for promoting good attendance. Further action on behalf of school staff to promote social inclusion and participation could be to consider *what can school staff do to support those in the micro system in overcoming some of these barriers to participate?* When recommending these actions to the steering group, the head teacher explained that as a school they no longer have evening performances, all school productions are immediately after school to prevent parents from making several trips. The head



teacher reported that as a consequence attendance to school productions and after school activities has increased. This provides an example of how the school has developed its practices to respond to the needs of its community.

These findings are further supported by literature which states that social participation and social capital are factors associated with mental health (MacDonald and O'Hara 1998, Tew 2005, Ferragina et al 2013). In my study a number of individual factors were identified as being essential for effective participation (e.g. individual social and communication skills), however participants also recognised the role that people in the micro system have in supporting a child to develop these skills. Figure 4.4 illustrates these broad ranges of influences.



#### 4.2.5 Self-management skills

MacDonald and O'Hara (1998) state that developing effective self-management skills goes beyond the development of coping skills, rather it involves an internal locus of control. Self-management skills are interdependent on many other factors on the Ten Element Map, including self esteem, social participation and emotional processing. Due to these overlaps, and to avoid repetition, I only report here new ideas introduced.

It is generally now accepted that the role of education is not just about acquiring knowledge, but is also about helping pupils to develop the knowledge, skills and understanding they need to live *confident, healthy, independent lives, as individuals, parents, workers and members of society* (DfEE 1999a). Parents and school staff discussed the need to consider early years experiences in determining what skills the child has already been taught/developed.

The children were able to provide examples of effective and appropriate coping strategies for avoiding conflict. They also considered adults and peers as being important for helping them to deal with difficult situations.

*he could pretend he had never heard and not turn around and just carry on with what he was doing*

*(Child Year 3/4).*

*he could tell a friend or someone he really trusts*

*(Child Year 3/4).*

*tell a teacher*

*(Child Year 3/4).*

*he is going to act happy (...) when he is actually sad*

*(Child Year 5/6).*

*if they say something bad about his family he just stands there he doesn't have to go and tell teacher or anyone he could just be strong about it*

*(Child Year 5/6).*

The Box below illustrates the factors which emerged from all four focus groups.

The teachers interpreted self-management skills as independence and self-help skills, they discussed in detail the influence parents have in supporting children to develop these skills. In contrast, the parents interpreted self-management skills as children having the ability to express their feeling and emotions in an appropriate way. Parents also recognised the role which adults in general have in supporting children to develop these skills.

*if a child has got speech problem the parent is with them 24/7 so they understand them (..) then you start to talk for them and you have to stop yourself doing that*

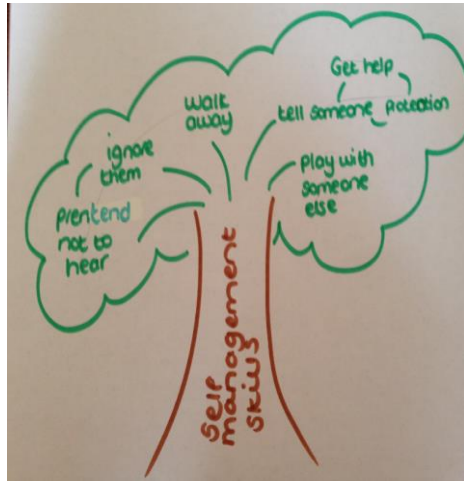
*(Parent).*

*our parents I would say – they do so much for their children and when children comes to school it is ridiculous, they hold their coats up without even any word and we are not supposed to put it on for them or “I forgotten my book mum didn't put book in my book bag” “well who's job is it is supposed to be yours” they really really rely on their parents here*

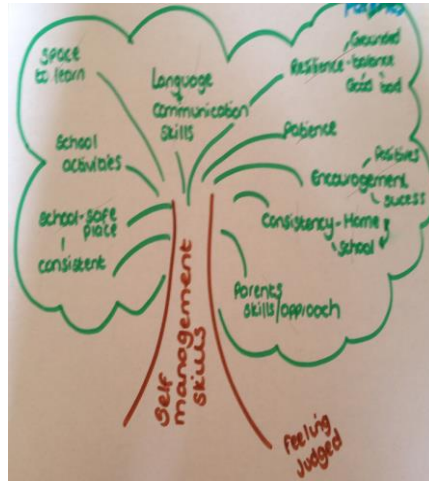
*(Teacher).*

Sub-themes for self-management skills

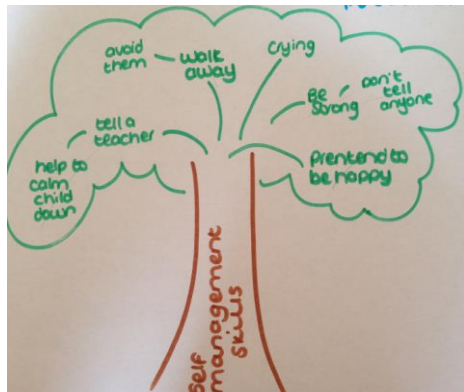
Year 3 & 4 Children



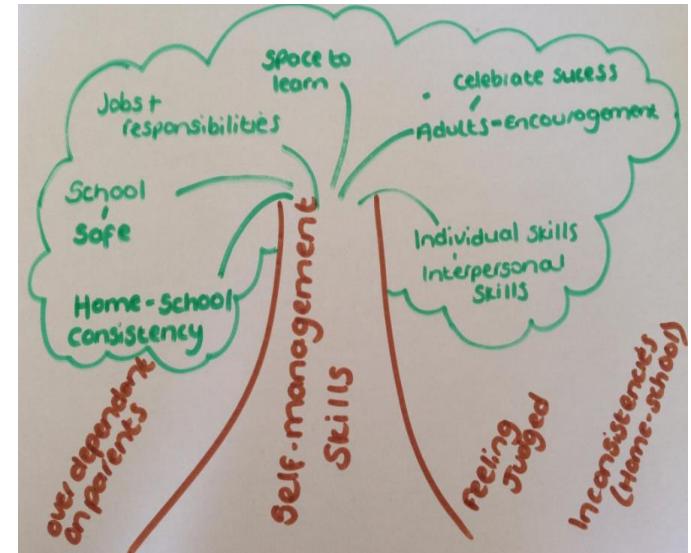
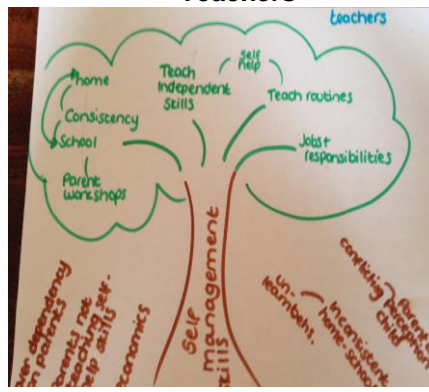
Parents



Year 5 & 6 Children



Teachers



MacDonald and O'Hara (1998) and Bronfenbrenner (2005) recognise the need to take into account a person's coping skills in *context*. Despite both groups of adults being provided with the same definition, this element was interpreted by parents and teachers differently. Their interpretations may provide some insight into the differences in the values and priorities held by the two groups. From these differences, tensions appeared to manifest in the meso-system which stemmed from interactions within the micro systems: families and school.

In order to further understand these tensions and differences in opinions, there is a need to consider influences in the exo-system, *what is influencing different cultures/values?*, and *how do these factors influence the micro system, e.g. individual's patience/tolerance to teach new skills within the micro system?* The findings indicate that environmental differences in the micro systems appeared to be a factor, for example, the differences upon the actions and values of adults in the micro system (teachers and parents) being impacted by the difference in ratio of adult:child at home compared to school.

MacDonald and O'Hara (1998) suggest that it is less about an individual but instead refer to a sense of *external locus of control*. Environmental and social forces and interactions within multiple levels of the social system, (e.g. the meso and macro) are considered to reduce stress and facilitate the development of self-management skills. It is these factors which are also associated with emotional processing skills and self-esteem (Caplan 1959, Bronfenbrenner and Morris 1998, Atkinson and Hornby 2002, Bronfenbrenner 1979, 2001, 2005). Dowling & Osborne (1994) assert that there is a need for robust links between home and school to promote children's learning and development.

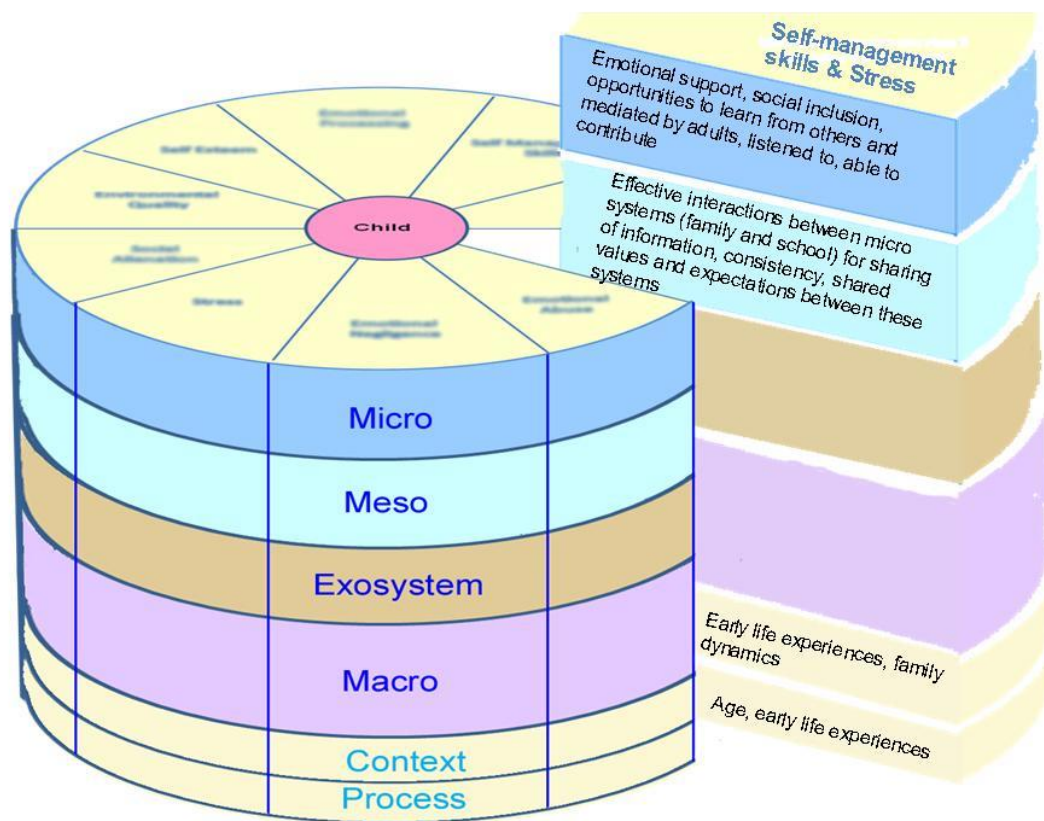
As already discussed in Chapter Two, there is considerable emphasis placed on resilience as being central to mental health (Joubert and Raeburn 1998, Seedhouse 1998, Weare 2000, Tew 2005. Tew (2005) proposes that the development of self-management skills, such as resiliency (the term parents and children referred to) involves positive experiences of empowerment and affirmation from those in the micro system.

These findings indicate that there are a number of systems in place to support the development of self-management skills; however what is judged to be effective skills differs within the micro system (home and school).

I would suggest it is essential that the individual develops effective skills, which becomes part of their skill repertoire, and from which they can then apply accordingly in a range of context. In order to develop life-long skills, the individual cannot solely rely on external systems to act on their behalf (e.g. parents or teachers) to manage their response to situations perceived as stressful (Foresight 2008).

These ideas regarding development over the life-span are further supported by Bronfenbrenner's (2005) account of developmental outcomes from a longitudinal study. His findings emphasise the need to develop coping strategies which are adaptable across different contexts and development periods (*process*). Figure 4.5 provides an overview of these findings from a bioecological perspective.

**Figure 4.5: Factors influencing self-management skills**



#### 4.2.6 Environmental factors

MacDonald and O'Hara (1998) emphasise the impact of environmental quality on mental health, they state that it is not good housing, or good transports etc but also sustainability and the use of the available resources which also plays a key part.

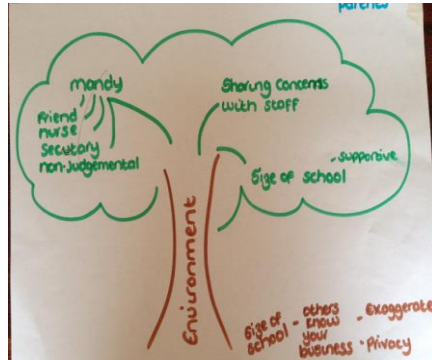
The key themes which emerged from all four focus groups can be seen in the Box below. The findings illustrate a common theme emerging from both the parents and children's responses; the influences that other people within the school had on creating an environment which promotes children's mental health.

Sub-themes for environmental factors

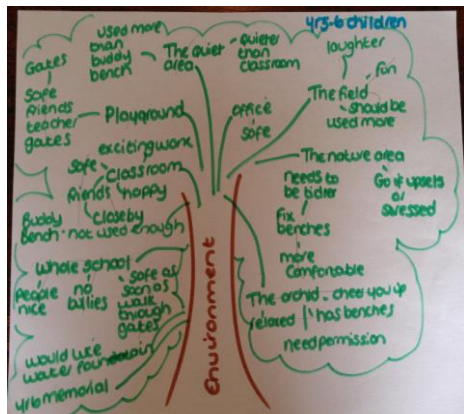
Year 3 & 4 Children



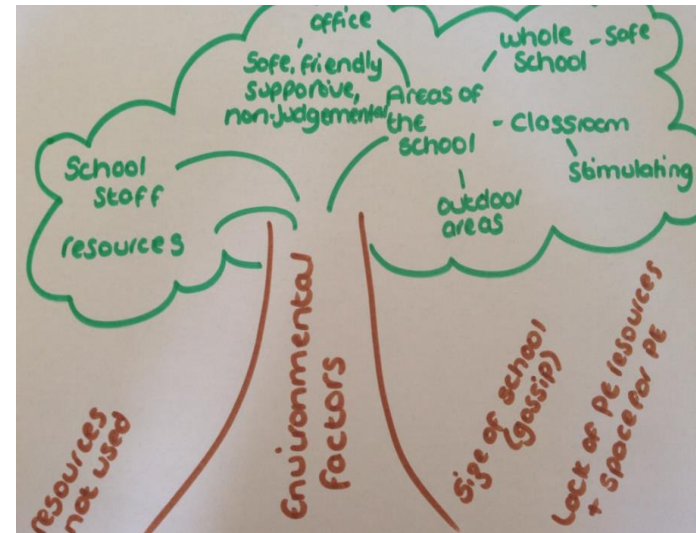
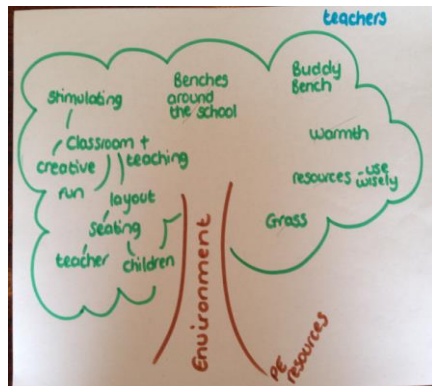
Parents



Year 5 & 6 Children



Teachers





The children and the teachers both referred to the aesthetical aspects of school grounds and were able to suggest a number of places where children feel happy.

*In class three (...) all my friends are in that class and we do exciting work and it makes me feel happy and there are no problems going on around us*

*(Child Year 5/6).*

*the quiet area (...) its meant to be quiet, because I don't like the main classroom its really noisy I like the quiet*

*(Child Year 5/6).*

*in the nature area if it was tidier and comfortable and they fitted a bench then if anyone was a bit upset or stressed they could go down and sit on it (...) and I could say to the teacher could I go and sit in the nature area because I feel a bit upset*

*(Child Year 5/6).*

The children in both groups seemed to associate the benches around the school with somewhere to go when they were upset and with helping someone.

*the buddy bench is somewhere you can just sit on when you want someone to play with you*

*(Child Year 5/6).*

*it's got the benches and when you are allowed out there and if you feel upset you can sit on the benches*

*(Child Year 3/4).*

The majority of children and the teachers talked about the learning environment being stimulating and fun. All of the participants said that the school was a very welcoming place, in which they felt safe and a place where they wanted to be.

*P= parent*

*P1: I think the best thing about here is XXXX (Office Manager)*

*P2: you took the words out of my mouth*

*P1: she is brilliant*

*P3: yes she is the front of the school*

*P1: think she is like the school nurse, secretary*

*a friend, she is not very judgmental either*

*P2: she will get the biggest praise for the school I always get her a Christmas present*

*(Parents).*

*I moved (Child) to this school he had already started another school he had done six months there we came to look around this school I thought this will be perfect (Child)*

*(Parent).*

*T= teacher*

*T1: we try to make it (learning) as exciting as we can and obviously it depends on the age of the child – most of the time you can find fun ways engaging the children and teaching them*

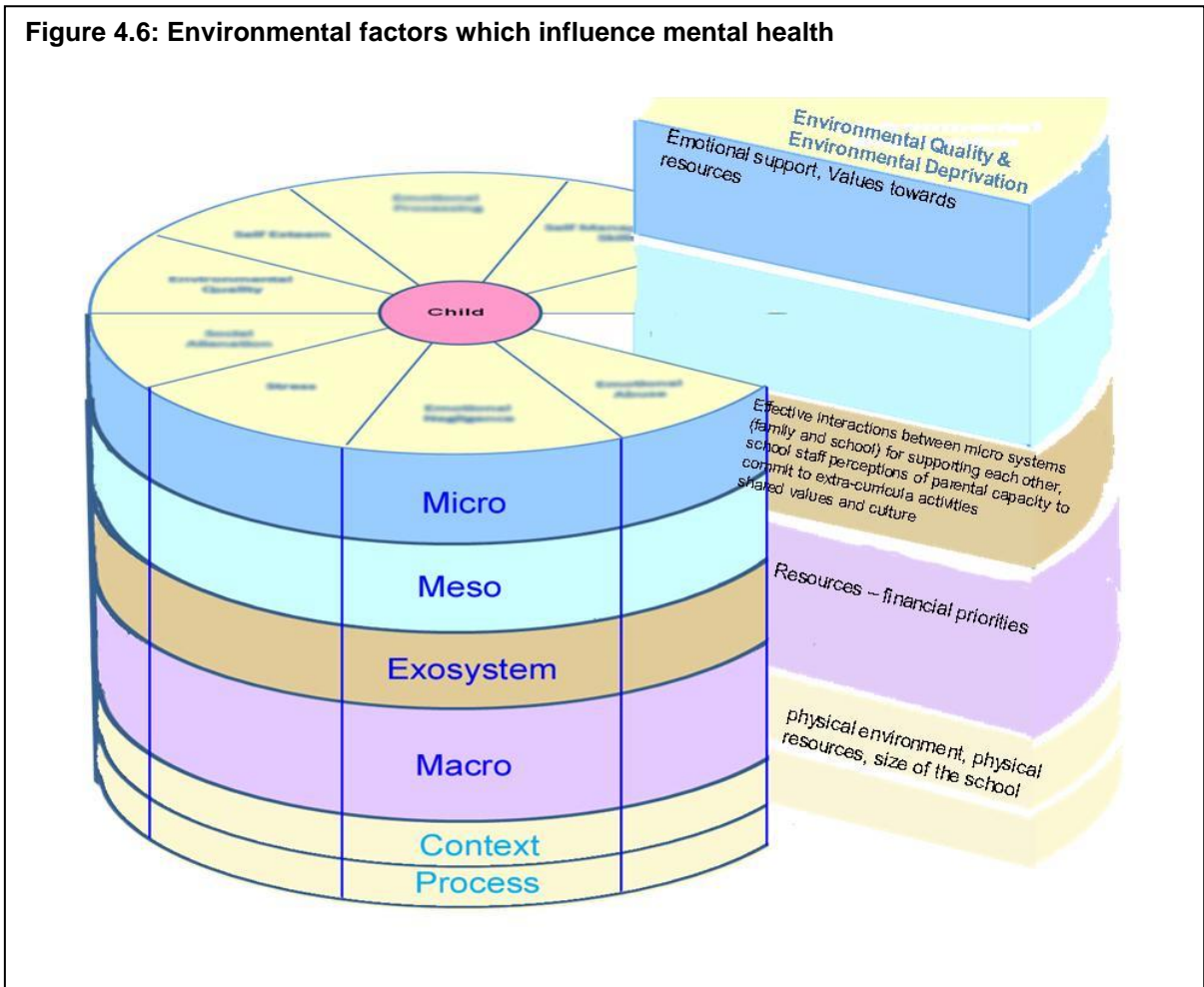
*T2: I think where you sit and how the classroom is set up*

*T1: I remember being at school and the teacher saying “right we are changing all the desks round today” and felt very low was happy where I was it would really have an impact*

*(Teachers).*

*In summary* there was a general consensus there was ‘no bullying’ at Barkwood Primary School. This was attributed to the school being a very small, close knit community, where the children look out for each other, especially the more vulnerable children. The teacher considered that children being integrated from Reception through to Year 6 had a significant impact on the children being supportive and tolerant of each other. Figure 4.6 provides presents the findings for environmental factors which promote or demote mental health.

**Figure 4.6: Environmental factors which influence mental health**



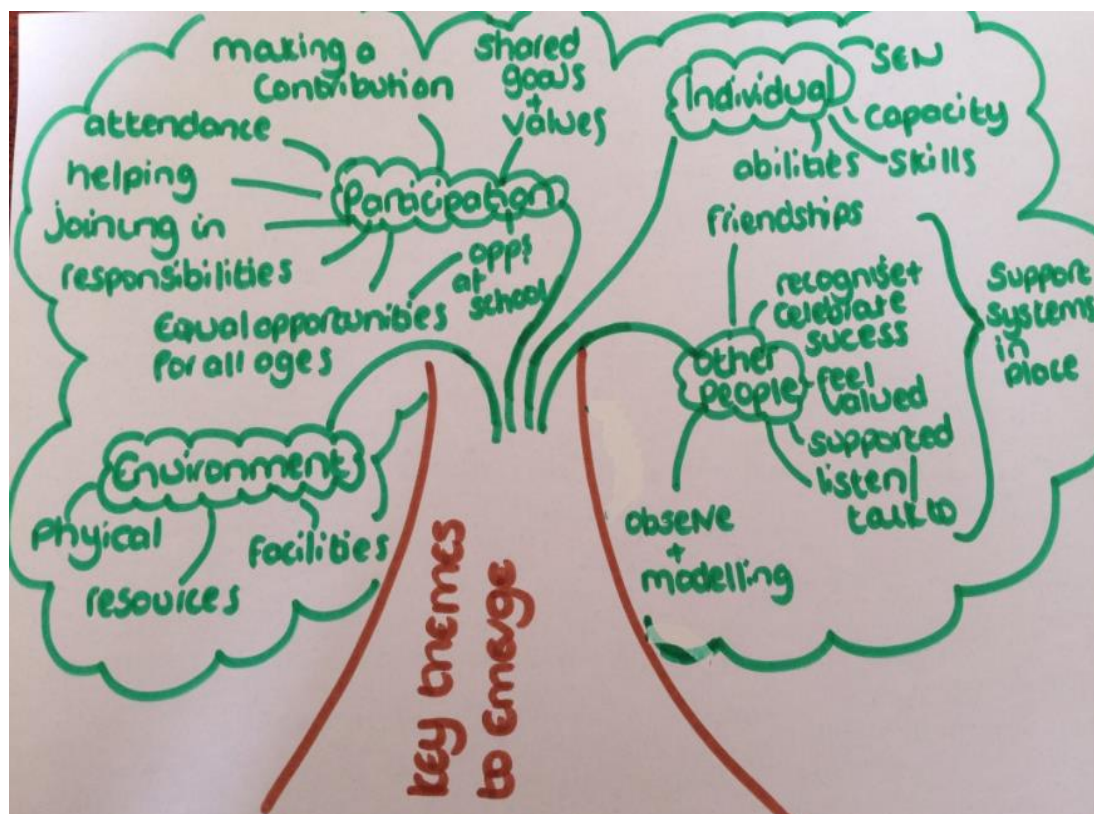
### 4.3 Key themes identified

Following successive stages of analysis, four key themes were identified as of greatest relevance in promoting children’s mental health within the context of Barkwood Primary School:

- individual characteristics;
- the role of other people;
- opportunities for active participation; and
- environmental factors.

The themes which recurred throughout the four focus groups do not correspond directly with the discrete elements of the Ten Element Map. However, the Ten Element Map provided a framework for a deductive analysis of the data and afforded a conceptual framework for exploring factors which promote mental health from an ecological perspective. A deductive method of analysis was selected using the donated themes from MacDonald and O'Hara (1998); therefore the process of analysis could be described as '*explicitly analyst-driven*' (Braun and Clarke 2006), in order to provide a more a detailed analysis for each element of the map. Themes were socially produced (Braun and Clarke (2006) and unique to Barkwood Primary School's community. Figure 4.7 provides a visual representation of the four super-ordinate themes abstracted from analysis of the data corpus, and the sub-themes which each subtends.

**Figure 4.7: Super-ordinate themes from the data**



The four broad domains were not equally weighted by the focus groups in the assessed strength of their influence on children's mental health. Children's individual characteristics and the role other people within the child's immediate context play in promoting or demoting children's mental health were considered by the participants in this study, as in a substantial volume of established literature (Bronfenbrenner and Ceci 1994, MacDonald and O'Hara 1998, Bronfenbrenner and Morris 1998, Bronfenbrenner 2001, Atkinson and Hornby 2002, Bronf2005, Lerner 2005, Harmen et al 2006, MacDonald 2008) to have particularly powerful effects on children's mental health. Bronfenbrenner (2005) refers to proximal processes, which include factors within the child's immediate ecology, as most influential upon development, arguing that strong, positive proximal processes facilitate effective psychological functioning.

Social capital, making a meaningful contribution, opportunities to participate and make decisions, and having responsibilities were all considered important. However, such influences were viewed predominantly as reflections and/or consequences of the individual's personal skills and abilities, and capabilities to overcome potential barriers imposed (often unintentionally) by those in the individual's immediate micro-systems.

Both the children and teachers identified a number of factors within the physical environment of the school which they believed contributed towards a children's mental health. In addition to aesthetic features of the school environment, physical resources and facilities were also identified as important influences. During this research and in my role as TEP, I have become very familiar with the physical

environment within which the school is situated. I would describe the village and the school as very 'picturesque'; the school is situated in a rural location, with a river running alongside the school grounds. With this knowledge, I hypothesise that the teachers, having previously worked in other schools, appreciated and valued the physical environment of the school: in the focus group they recognised that the scenery and grounds of the school were not typical of many primary schools.

Whilst a number of environmental factors were identified as influencing children's mental health, these were not considered to be as salient as each child's personal characteristics and abilities, or to be as significant as the influences of people within the micro system which promotes/demotes children's mental health.

To summarise these key themes which emerged from the data, Figure 4.8 conceptualises the findings from my study and compares these findings with factors which the literature in Chapter Two considered influential to children's mental health.

Based on these findings, an action plan was agreed in order to develop further existing practices at Barkwood Primary School to promote children's mental health. The action plan (see Box below) was shared with the school community during an assembly.

## Barkwood Primary School's Action Plan

### **SELF-ESTEEM**

- **More focus on positive attributes and success**  
'How we are growing' display to be created in the hall  
Pictures of all the children and staff to be on the display  
Children and staff to write positive comments next to photos
- **Opportunities for children to share their worries**  
Introduce a 'worry box' in each class room

### **SELF-MANAGEMENT, EMOTIONAL PROCESSING & ENVIRONMENT**

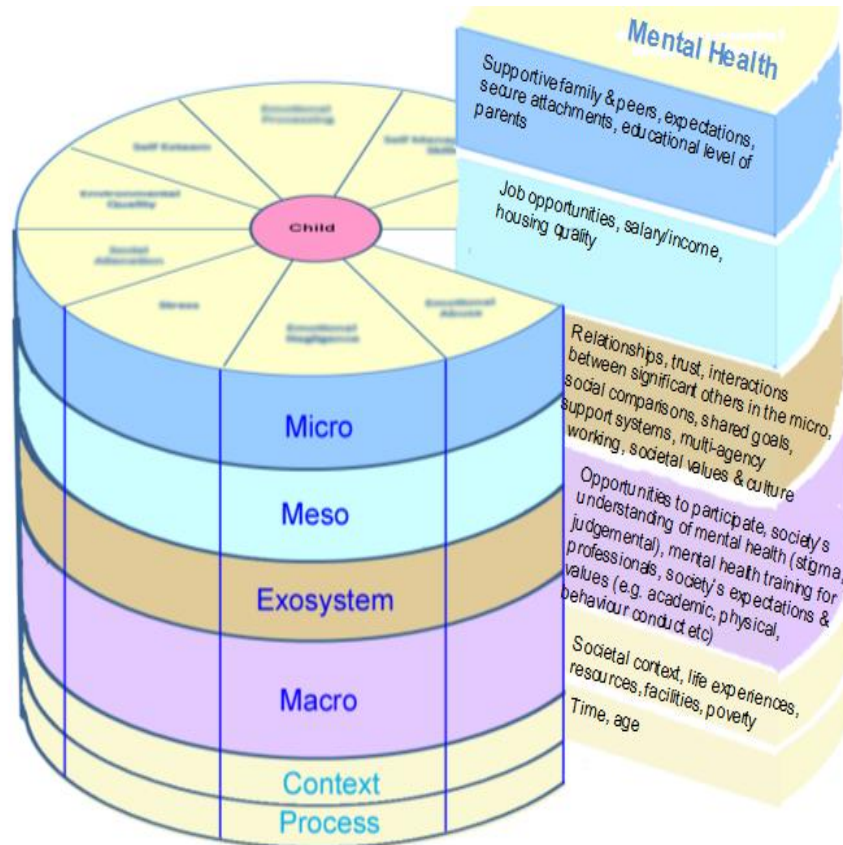
- **Repair the Buddy Bench sign**  
Re-launch the Buddy Bench in assembly  
Children to role play appropriate use of the bench  
  
'Buddy Caps' to be introduced, two per class – Buddy Mentors
- **Develop independence skills**  
Independence week – new theme to be introduced each week  
Promoted through the school newsletter to include parents  
Celebration assemblies – awards for children who demonstrate new skills

### **PARTICIPATION**

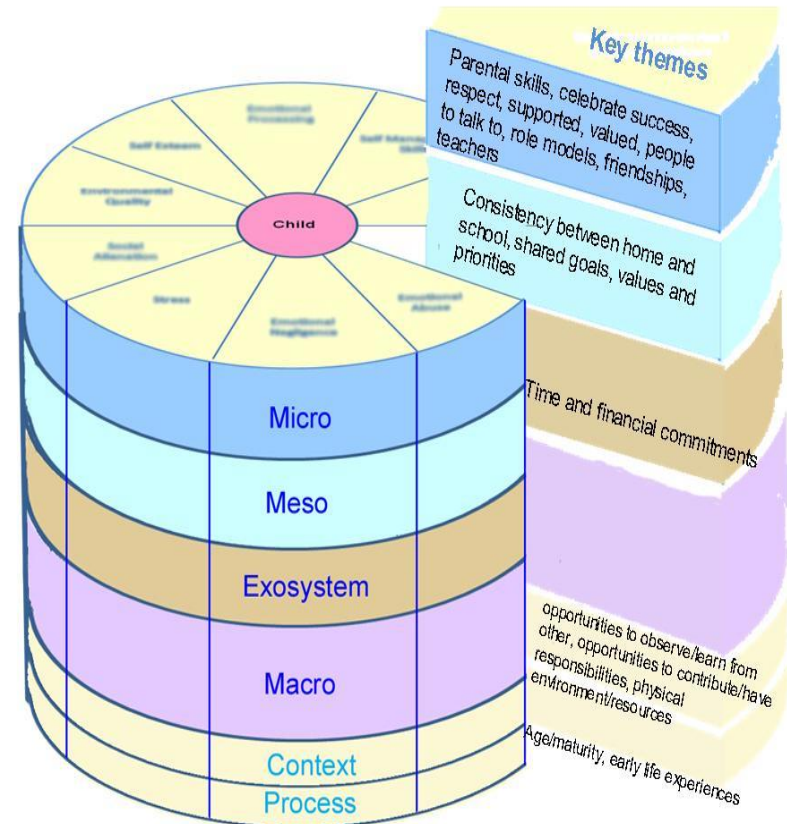
- **Review the clubs/activities on offer**  
Suggestion box to be placed in the school office  
Year 5 & 6 children to evaluate the findings and report back to the head teacher
- **Holidays during term time**  
Head teacher to propose to governors: *'no holiday to be authorised during term time'*

**Figure 4.8: Key themes which influence children’s mental health**

**Factors identified from literature**



**Factors identified from my study**





#### **4.4 Initial conclusions**

This study was concerned to explore one school community's understanding of children's mental health and to gain their views on factors which they perceived promoted or demoted mental health. The MacDonald and O'Hara Ten Element Map provided me with a framework to structure questions and gather the views of the school community and identify areas for further action and development.

The Ten Element Map (MacDonald and O'Hara 1998) and Bronfenbrenner's bioecological model (2005), considers the individual to be at the centre of and embedded in a number of environmental systems. It is encouraging therefore, that the findings from this study illustrate that the participants identified factors within the individual, the micro, the exo- and the macro-system which impact upon children's mental health.

During this research process I became increasingly familiar with the culture of the school. I formed the view that there was a strong cultural belief, shared by the staff, children and parents, which permeates the school system (at individual, micro, and meso levels), that learning should be fun, dynamic and interactional. When I originally asked parents and teachers about children's mental health in general terms (4.2.1), I had believed that the children were positioned as passive recipients of the school's provisions. However, when framing the core conditions for mental health within the constructs which comprise the Ten Element Map (MacDonald and O'Hara 1998), the participants' responses were broader than I had expected to be the case, encompassing a number of social factors and processes within the micro and exo-systems.

By the end of the data collection period, I concluded that children at Barkwood Primary School are encouraged to be actively engaged in and responsible for their own learning and development (Bruner 1966, Tew 2005, Tilford 2006), and in this regard, enabled to play an active part in safeguarding and developing their own mental health.

Moreover, this development in my own understanding of the culture of Barkwood was, in part, informed by the elaboration in the respondents' thinking and analysis which the framework afforded by the Ten Element Map appeared to facilitate. This further suggests that the map holds high construct validity and can form a useful frame of reference enabling 'non-specialist' workers, parents and children to conceptualise mental health and the factors influencing this.

The findings from my study, contribute further to the assumption that development and mental health are socially constructed, and underpinned by social comparisons and social experiences (MacDonald and O'Hara 1998, Shaffer 2002, Tew 2005), all of which are influenced by factors within the ecology.

In the final chapter I conclude upon my findings. I also reflect upon the two-phases of this study, identifying any limitations with the methods I selected. I consider how effective the Ten Element Map (MacDonald and O'Hara 1998) and the bioecological model (Bronfenbrenner 2005) were in supporting this study. I also contemplate implications for further EP practice based on what I have learned from this research.

# CHAPTER FIVE

## Conclusion

In the previous chapter I presented and discussed the findings from both phases of this study. This chapter concludes the findings, focusing particularly on the Phase-Two study. I also reflect upon the usefulness of the integrated Ten Element Map (MacDonald and O'Hara 1998) and Bronfenbrenner's bioecological model (2005), and implications for future educational psychology practice and research which have been informed by the research findings and process.

### 5.1 School culture

With hindsight, I came to appreciate that, in my initial conceptualisation, design and implementation of Phase-Two of this study; I had given insufficient attention to the powerful role of organisational culture in influencing both the research process and aspects of the school experience relevant to mental health promotion.

School culture is considered to be the 'glue' which holds an organisation and its members together (Stoll 1999). Organisational culture is shaped by history, context and social processes. In a school, educational practices can become entrenched behaviours, which become taken for granted (Thacker 1994), invisible to members of the culture, and so unchallenged. Thacker (1994) proposes that in order to understand what children learn from experiences at school, there is a need to explore what he refers to as the *hidden curriculum: opportunities which lie outside the formal curriculum*: the unintended, as well as the intended learning which occurs within any school, with the hidden curriculum reflecting the school's culture.

In Barkwood Primary School, some interesting contradictions in cultural values became apparent.

While I had chosen action research as the methodology for the Phase-Two study, in light of the democratic, collaborative principles summarised in Chapter Three, and the head teacher had supported this approach, in some regards, his own contribution was at times more authoritarian than democratic! It was he who determined which staff the steering group should comprise (himself and one colleague), and which pupils should be afforded the opportunity to participate in the focus groups, and have their voices heard within this study.

Schein (2000) influentially defined organisational culture as

*a pattern of basic assumptions, invented, discovered or developed by a given group, as it learns to cope with its problems of external adaptation and internal integration, that has worked well enough to be considered valid, and therefore is to be taught to new members as the correct way to perceive, think and feel in relation to those problems*

(Schein 2000, p.111).

In Barkwood Primary School, whilst at one level, as noted in Chapter Four, school staff sought to support the children in becoming active partners in their own learning and development of emotional wellbeing, in other ways, a culture characterised by staff control, rather than pupil democracy was evident.

In some senses, the hidden curriculum will reflect the views the staff have of the children. Handy and Aitken (1990), for example, raise the question of whether pupils are positioned as *workers*: members of the organisation who co-operate in a joint endeavour; *clients*: beneficiaries of the organisation who are served by the endeavour; *products*: the output to be shaped and developed by the organisation; or participating *members* of the organisation, with teachers as managers (p.56).

Perhaps therefore, at Barkwood, this question of the role of the children was not yet fully resolved: the participatory emphasis endorsed so strongly by MacDonald and O'Hara competed with the 'client'/'product' roles: tensions perhaps inevitable when schools cater for primary-aged children.

A head teacher is a key stakeholder in the change process. The head teacher in the Phase-Two study made the final decisions regarding which of the findings would be incorporated into an action plan. Therefore, the findings which were implemented into 'real-life' action to promote children's mental health were determined by the head teacher's priorities, which were already set out in the school development plan.

This raises a fundamental question about how far research informs development in organisations such as schools, and how far school leaders/those who hold influence in organisations select research findings strategically in order to justify pre-existing beliefs or conform to existing cultural norms.

*In summary*, the Phase-Two research experience has strengthened my own awareness of how important it is for both researchers and professionals who support

schools as external agents (e.g. EPs), to take into full account existing school culture, values and priorities, if time and expertise invested in research and/or interventions aimed at school development are to be accepted and effective, enhancing children's opportunities to extend learning beyond the formal curriculum, and to maximise the congruence between the 'formal' and 'hidden' curriculum.

## **5.2 Effectiveness of the research design**

When conducting research with schools which aim to develop existing practices, the methods selected need to allow for this exploration of existing school practices and cultures.

Phase-One of this study employed a basic survey method to inform a broad understanding of the practices currently in place in Fernston's primary schools to promote children's mental health. On reflection, I consider the online questionnaire constituted an effective method for eliciting background information from schools which related specifically to mental health and educational policy. The response rate was low, albeit not unexpected, due to the time of year (in the final weeks of the Summer Term), when the questionnaire was circulated. The questionnaire facilitated the recruitment of an appropriate school for Phase-Two of this study.

After considering a number of research methodologies for Phase Two of this study (including positioning the study as a qualitative explorative study), I elected to use action research (AR). On reflection, I would continue to advocate that this study was well-placed as AR, which is not so much a methodology as an *orientation to inquiry* (Reason and Bradbury 2008), endorsing a *practice of participation* (McNiff and

Whitehead 2010), principles which are further reflected in Community Psychology (Seedat et al 2011). My aim was not to expect concrete answers or solutions, but rather to create '*knowledge of practice*' as well as '*theory generation*' (McNiff and Whitehead 2010), which could evolve and develop further through an ongoing cyclical process (Brewerton and Millward 2001). I considered AR highly congruent with my position as a TEP and as a researcher, enabling me to understand the school community's views, values and culture in an open and transparent manner. As a researcher and practitioner it was important to me that outcomes and interventions were informed by the needs and experiences of the school community. In addition to the research that was carried out as part of this doctoral thesis, there is a commitment on behalf of the EPS to support completion of this AR cycle (action and evaluation), and the potential for a second AR cycle, if indeed the school's commitment toward continuing development and research , in partnership with the EPS is sustained.

The focus group methods provided an opportunity to ask questions focusing on specific themes related to mental health promotion (themes donated by MacDonald and O'Hara 1998 and supported by a wealth of literature summarised in Chapters One and Two). Whilst the themes remained consistent across all four focus groups, the format in which the questions were presented was flexible and accommodated developmental differences and role differences within and between groups.

The data derived from the focus groups was rich and grounded in a number of individual perspectives. However, by the very nature of group interviews and qualitative analysis, individual experiences and views were to some extent submerged within the analysis, in which views were collated and reported as super-

ordinate themes. To compensate for this limitation and to maintain the individual voice and reflect the context of the study, direct quotations were offered throughout Chapter Four.

Analysis of the findings was not the end point, by manually analysing the data, as opposed to using a software programme, I was able to analyse the data through a recursive process to ensure that contextual and structural factors were recognised. Techniques such as: i) 'literal approaches', allowed me to initially focus on the language, ii) 'interpretive approaches' allowed me to make sense of what was being said, and iii) 'reflexive approaches' enabled me to focus on my contribution to the creative aspect of bring meaning and coherence to the data (Walsh 2002). The integrated Ten Element Map provided a framework for me to draw upon the knowledge already gained from direct engagement with the literature; prior to conducting the analysis, during the analysis, and to reflect upon what my findings meant in practice and in relation to existing research.

Overall, I believe that the focus groups enable me to elicit the authentic views of key stakeholder representative of the school community (children, parents and staff).

However, I acknowledge that, as the researcher, both intentionally and unintentionally I contributed my own knowledge and understanding of mental health, and would argue that this is congruent within the social constructionist epistemology within which the Phase-Two study is situated (McNiff and Whitehead 2010). Unless I had opted for an alternative methodological paradigm, for example grounded theory, (which allows themes to be derived wholly inductively from research findings, rather than reflecting predetermined themes and ideas, as was the case in my own study)



(Thomas 2011), a degree of researcher bias was created in how I interpreted and reported the findings. On reflection, to address this limitation, I should have negotiated opportunities to process the research findings iteratively with each focus group, prior to feeding back to the steering group.

Further erosion of the planned collaborative action research process occurred when the findings were reported back to the steering group. Despite the collaborative nature of the study, what was considered a priority and valuable from the extensive findings was formed into an action plan governed by the head teacher's priorities, without any intervening process of consultation with other stakeholder groups.

*In summary*, focus groups methods enabled me to gather the views of key stakeholders within one school community regarding factors which influence children's mental health. An action plan, supported and prioritised by the head teacher was developed and implemented thereafter. This action plan met the head teacher's overall strategy for whole-school development whilst still, to some extent, reflecting the school culture and views of key stakeholders, albeit with a very strong skew toward the head teacher's views. In this regard, the 'action' phase of the action research process was characterised by confirmatory bias (Lewicka 1998).

### **5.3 Understanding and identifying factors which promote mental health**

All of the schools which responded to the Phase-One questionnaire considered that mental health promotion should be carried out by specialist services. All schools reported that a significant challenge for them was the lack of input from specialist services for whole-school promotion of mental health. The findings from this initial

survey suggested that to achieve active involvement of school staff in the mental health promotion expected by current policy (e.g. DoH, DFES 2008), further support is required to enable school staff to feel competent, confident and knowledgeable in this field.

Phase-Two of this study aimed to draw upon the knowledge, experience and perceptions of children, staff and parents within one school community in order to further to develop both their understanding, and in turn, practice in relation to children's mental health promotion.

The participants in the action research phase of this study identified a number of characteristics of children themselves, and within the family and school micro, exo- and macro-systems which they believed affected children's mental health. Four key areas of influence on children's mental health emerged from qualitative analysis of focus group interviews with school staff, pupils and parents. These influences were not equally weighted in terms of their assessed impact on children's mental health. If this study were to be conducted in a different context, I would anticipate these influencing factors may well differ, reflecting the particular school and community cultures and wider demographic characteristics, needs of that context and community.

I would not therefore claim that theoretical or analytical generalisation of the findings from this study would be legitimate (Thomas 2011).

On reflection, I consider the integrated Ten Element Map (MacDonald and O'Hara 1998) and bioecological model (Bronfenbrenner 2005) facilitated a shared learning process which led to the construction of collective community-based knowledge.

Knowledge was neither 'given' nor 'discovered' (McNiff and Whitehouse 2010); rather it was created through transparency, explicitly sharing existing knowledge, combined with intellectual rigour and systematic application of research.

This process could be applied in a range of different contexts in order further to enhance understanding of factors which are considered to influence children's mental health within each of these unique contexts. This study has demonstrated that the integrated Ten Element Map and Bronfenbrenner's bioecological model can provide a structured framework for supporting schools to further promote children's mental health and overcome some of the challenges identified in Phase-One in meeting government guidelines.

#### **5.4 Unique contribution and implications for practice**

This study was concerned to explore current practices for promoting children's mental health in mainstream primary schools in one town (Fernston). It was not my aim to generalise these findings beyond this one context, but rather to identify common practices and perceived challenges. This information was fed back to the Educational Psychology Service, to inform future EP Service delivery and development in supporting primary schools within the town in promoting children's mental health.

Phase-Two formed the substantive part of this study, whose aim was further to develop existing understanding and practices to promote children's mental health at a whole-school level within one primary school. This was a collaborative study;

therefore, from the outset a small steering group and I clarified, negotiated and constructed a shared understanding of the aims of the research.

As a researcher, I was cautious in interpreting the findings (derived from both phases of inquiry); I was aware of participants potentially reporting espoused theory (Thacker 1994). However, in designing and implementing my study, I accepted the premise that tacit knowledge is the basis of good action research (McNiff and Whitehead (2010). As noted in Chapter One, this study was grounded in principles of Community Psychology (Seedat et al 2001), with emphasis was on the assumption that expertises were already in place in the school and the community it served. The role of the action research phase was therefore, to build on this foundation and access a wealth of potential 'hidden' tactic knowledge, in order to harness, organise and feed back this knowledge as a foundation for shared learning and school development.

The integrated Ten Element Map (MacDonald and O'Hara, 1998) and bioecological model (Bronfenbrenner, 2005) provided a framework to conceptualise the study, and analyse and report my findings, while also providing a systematic structure for breaking down a complex area (mental health) into more familiar components, with which the participants could engage and use to articulate and share tactic knowledge and experiences.

*In summary*, the findings from my study align with a wealth of established literature which maintains that children's mental health is influenced by a number of individual psychological, social and environmental factors and processes. The integrated Ten Element Map (MacDonald and O'Hara 1998, Bronfenbrenner 2005) employed in this

study further emphasised the interplay between the individual (biologically, cognitively, socially and emotionally) and a number of interrelated systems which influence development.

This conceptual framework advocates a salutogenic view of mental health, identifying and harnessing factors and conditions which can promote children's mental health.

Using AR and the integrated Ten Element Map afforded the opportunity to build a shared psychologically-grounded understanding of the ways in which the ecology of Barkwood Primary School could be further developed in order more fully to safeguard the mental health of the school community.

I believe, moreover, that action research methodology, aligned with the use of the integrated Ten Element Map to structure collaborative inquiry, can be commended to Educational Psychologist colleagues, as a cost-efficient approach to reviewing existing practices in mental health promotion in schools, deriving and processing findings which can inform future intervention underpinned by the school community's perspectives, needs and experiences; and ultimately strengthen ecological validity.

## References

- Albee, G. W. & Ryan Finn, K. D. (1993). An Overview of Primary Prevention. *Journal of Counselling and Development* 72 (2) 115-123
- Antonovsky, A. (1996). The Salutogenic Model as a Theory to Guide Health Promotion. *Health Promotion International* 11(1) 11-18
- Atkinson, M. & Hornby, G. (2002) *Mental Health Handbook for Schools*. London: Routledge-Falmer
- Aveyard, H. (2007). *Doing a Literature Review in Health and Social Care: A Practical Guide*. Berkshire: Open University Press
- Bandura, A. (1965). Influences of Models' Reinforcement Contingencies on the acquisition of Imitative Responses. *Journal of Personality and Social Psychology* 1, 589-595. In Shaffer, D. R. & Kipp, K. (2010). *Developmental Psychology: Childhood and Adolescence*. 8<sup>th</sup> Edition. Wadsworth: Cengage Learning
- Barry, M.M & Jenkins, R. (2007). *Implementing Mental Health Promotion*. London: Elsevier
- Bhaskar, R. (1989). *Reclaiming Reality*. London: Verso.
- Bell, J. (1999). *Doing Your Research Project: A Guide for First Time Researchers in Education and Social Science*. 3<sup>rd</sup> Edition. Open University Press: Buckingham
- Bell, J. (2005). *Doing Your Research Project: A Guide for First Time Researchers in Education and Social Science*. 4<sup>th</sup> Edition. Open University Press: Buckingham
- Beresford, P. (2005) Social Approaches to Madness and Distress: User Perspectives and User Knowledges. In Tew, J. (2005) (Ed). *Social Perspectives in Mental Health: Developing Social Models to Understanding and Work with Mental Distress*. London: Jessica Kingsley Publishers
- Bethlehem, J. (1999). *Cross-sectional Research*. In Ader, H.J. & Mellenbergh, G. (1999) (Eds) *Research Methodology in the Social, Behavioural and Life Sciences*. London: Sage
- Bowlby, J. (1969). *Attachment and Loss: Volume 1. Attachment*. London: Hogarth Press. In Shaffer, D. R. (2002). *Developmental Psychology: Child and Adolescence*. Sixth Edition. Thomas Learning: London
- Braun, V. & Clarke, V. (2006) Using Thematic Analysis in Psychology. *Qualitative Research in Psychology* 3 (2) 77-101
- Brewerton, P. & Millward, L. (2001). *Organizational Research Methods: A Guide for Students and Researchers*. London: Sage Publications
- British Educational Research Association (2011). *Ethical Guidelines for Educational Research*. London BERA

British Psychology Society (2011). *Code of Ethics and Conduct*. Leicester: BPS.

British Psychological Society (2011). *Code of Human Research Ethics*. Leicester: BPS

Bronfenbrenner, U. (1967) *The Split-Level American Family*. In Bronfenbrenner, U. (2005) (Ed.) *Making human being human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage Publications.

Bronfenbrenner, U. (1975). *Influences on Human Development* 2<sup>nd</sup> Edition. Illinois: The Dryden Press.

Bronfenbrenner, U. & Ceci, J.S. (1994). Nature-Nurture Reconceptualised in Developmental Perspective: A Bioecological Model. *Psychological Review* 10 (4) 568-586

Bronfenbrenner, U. (2001) *Bioecological theory of human development*. In Bronfenbrenner, U. (2005) (Ed.) *Making human being human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage Publications.

Bronfenbrenner, U. (2005) (Ed.) *Making human being human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage Publications.

Bronfenbrenner, U. & Morris, P. A. (1998). *The Ecology of Developmental Process*. In Damon, W. (series Ed) & Lerner, R.M. (Vol. Ed) *Handbook of Child Psychology: Volume 1. Theoretical Models of Human Development* 5<sup>th</sup> Edition. New York: John Wiley.

Bruner, J. S. (1960) *The Process of Education* Cambridge, Mass: Harvard University Press

Burton, M., Boyle, S. Harris, C. & Kagan, C. (2011) *Community Psychology in Britain*. In Reich, S.M., Riemer, M., Prilleltensky, I., & Montero, M. (2011) (Eds). *International Community Psychology: History and Theories*. New York: Springer.

Bryman, A. (2012). *Social Research Methods*. 4<sup>th</sup> Edition. Oxford: Oxford University Press

Buchanan, D.A. and Bryman, A. (2009) *The SAGE Handbook of Organizational Research Methods*. London: Sage Publications Limited

Carr, W. & Kemmis, S. (1986). *Becoming Critical: Education, Knowledge and Action Research*. London: The Falmer Press

Caplan, G (1959). *Concepts of Mental Health and Consultation: Their Applications in Public Health Social Work*. Harvard University

Caplan, G. (1964). *Principles of Preventive Psychiatry*. London: Tavistock Publications

- Caplan, R. & Holland, R. (1990) Rethinking Health Education Theory. *Journal of Health Education* 49 (1) 10-12
- Cattan, M. (2006). *Mental Health: Introduction*. In Cattan, M. & Tilford, S. (Eds.) (2006) *Mental Health Promotion: A Lifespan Approach*. Maidenhead: Open University Press
- Cattan, M. & Tilford, S. (Eds.) (2006) *Mental Health Promotion: A Lifespan Approach*. Maidenhead: Open University Press
- Coolican, H. (1999). *Research Methods and Statistics in Psychology*. 3<sup>rd</sup> Edition. London: Hodder and Stoughton
- The Data Protection Registrar (1998) *The Data Protection Act 1998: An Introduction*. Wilmslow, Cheshire: The Data Protection Registrar.
- DCSF (2008). *Targeted Mental Health in Schools Project. Using the evidence to inform your approach: a practical guide for headteachers and commissioners*. Nottingham: DCSF Publications.
- DfE (2011) *Me and My School: Findings from the National Evaluation of Targeted Mental Health in Schools 2008-2011*. UCL and The Anna Freud Centre
- DfE (2013). Children and Families Bill.  
<http://www.education.gov.uk/a00221161/children-families-bill>  
 (Accessed on 8<sup>th</sup> April 2013)
- DfEE and Qualifications and Curriculum Authority (QCA) (1999a) *The National Curriculum for England: English*. London
- DfEE and Qualifications and Curriculum Authority (QCA) (1999b) *The National Curriculum: handbook for primary teachers in England: key stages 1 and 2*, London: HMSO
- DfES (2003). *Every Child Matters: Summary*. Nottingham: DfES
- Department for Education and Skills (DfES) (2005). *Excellence and enjoyment: social and emotional aspects of learning (guidance)*. Nottingham: DfES Publications.
- DfES and DoH (2004) *National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People*. London: DH Publications
- DoH (2003). *Promoting Mental Health: Strategies and Action Plan 2003-2008*. Belfast: Department of Health
- DoH (2011). *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. London: Department of Health
- DoH & DfES (2002). *National Healthy School Standard: Report*. Yorkshire



Division on Clinical Psychology (2013). *DCP Position Statement on Classification: Time for a Paradigm Shift in Psychiatric Diagnosis*.  
[http://dcp.bps.org.uk/dcp/the\\_dcp/news/dcp-position-statement-on-classification.cfm](http://dcp.bps.org.uk/dcp/the_dcp/news/dcp-position-statement-on-classification.cfm)  
(accessed on 29th May 2013)

Dowling, E. & Osborne, E (1994) (Eds). *The Family & the School: A Joint Systems Approach to Problems with Children*. 2<sup>nd</sup> Edition. London: Routledge

Durlak, J.A. & DuPre, E. (2008). Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation. *American Journal of Community Psychology* 41 (3) 27–350

Durlak, J. A. & Wells, A. M. (1997) Primary Prevention Mental Health Programs for Children and Adolescents: A Meta-Analytic Review. *American Journal of Community Psychology* 25 (2) 115-152

Ecclestone, K & Hayes, D. (2009). *The Dangerous Rise of Therapeutic Education*. London: Routledge

Erikson, E (1959) *Family transitions : Continuity and change over the life cycle*. New York : Guilford Press. In MacDonald, G. & O'Hara, K. (1998) *Ten Elements of Mental Health: It's Promotion and Demotion. Implications for Practice*. London: Society of Health Education and Promotional Specialists

Erickson, E.H. (1963). *Childhood and Society*. 2nd Edition. New York: Norton. In Shaffer, D. R. (2002). *Developmental Psychology: Child and Adolescence*. Sixth Edition. Thomas Learning: London

Ferragina, E., Tomlinson, M. & Walker, R. (2013). *Poverty, Participation and Choice: The Legacy of Peter Rowntree*. York: The Joseph Rowntree Foundation

Field, L. (1993). *Creating Self Esteem* Element Books. In MacDonald, G. & O'Hara, K. (1998) *Ten Elements of Mental Health: It's Promotion and Demotion. Implications for Practice*. London: Society of Health Education and Promotional Specialists

Flaspohler, P.D., Anderson-Butcher, D., Paternite, C.E., Weist, M. & Wandersman, A. (2006). Community Science and Expanding School Mental Health: Bridging the Research-to-Practice Gap to Promote Child Well-Being and Academic Success. *Educational & Child Psychology* 23 (1) 27-41

Foresight Mental Capital and Wellbeing Project (2008). *Final Project report*. London: The Government Office for Science

Freud, S. (1960). *A General Introduction to Psychoanalysis*. New York: Washington Square Press. In Shaffer, D. R. (2002). *Developmental Psychology: Child and Adolescence*. Sixth Edition. Thomas Learning: London

Gillard D (1988) *The National Curriculum and the role of the primary teacher in curriculum development*. [www.educationengland.org.uk/articles/07ncteacher.html](http://www.educationengland.org.uk/articles/07ncteacher.html)  
(accessed on 25th October 2012)

- Gillham, B. (2008). *Developing a Questionnaire: Real World Research*. 2<sup>nd</sup> Edition. London: Continuum
- Gottfried, A. E., Fleming, J. S. & Gottfried, D. W. (1998). Role of Cognitively Stimulating Home Environment in Children's Academic Intrinsic Motivation: A Longitudinal Study. *Child Development* 69 (5) 1448
- Greenberg, M. T., Domitrovich, C. E., Graczyk, P. A., Zins, J. E. (2009). *The Study of Implementation in School-Based Preventive Interventions: Theory, Research, and Practice (Volume 3)*. DHHS Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
- Gutkin, T. B. & Reynolds, C. R. (2008) *Handbook of School Psychology. Fourth Edition*. Wiley: San Francisco State University
- Hall, S. (2010) Supporting Mental Health and Well-Being at a Whole-School Level: Listening to and Acting Upon Children's Views. *Emotional and Behavioural Difficulties* 15 (4) 323-339
- Handy, C. and Aitken, R. (1986) *Understanding schools as organizations*. Harmondsworth: Penguin
- Harrison & MacDonald, G. (2007) in a lecture on 20<sup>th</sup> June by Morris, S at University of Birmingham
- Harter, S. (1996). Historical Roots in Contemporary Issues Involving self-concept. In Shaffer, D. R. (2002). *Developmental Psychology: Child and Adolescence. Sixth Edition*. P.429. Thomas Learning: London
- Herman, H., Saxena, S., Moodie, R. & Walker, L. (2005). *Promoting Mental Health: Concepts, Emerging Evidence and Practice*. University of Melbourne: World Health Organisation
- Hogg, M. A. & Vaughan, G. M. (2002) *Social Psychology. Third Edition*. Prentice Hall: Harlow
- Hornby, G. & Atkinson, M. (2003). Framework for Promoting Mental Health in Schools. *Pastoral Care* 3-9
- Humphrey, N. & Mullins, P. M. (2002). Personal Constructs and Attribution for Academic Success and Failure in Dyslexia. *British Journal of Special Education* 29 (4) 196–203.
- International Union for Health Promotion and Education (2009). *Achieving Health Promoting Schools: Guidelines for Promoting Health in Schools*. France: IUHPE
- James, A. & James, A. (2008). *Key Concepts in Childhood Studies*. Sage
- Johnson, P. & Duberley, J. (2004). *Understanding Management Research: An Introduction to Epistemology*. London: Sage

Johnstone, L (2013). Medicine's big new battleground: does mental illness really exist?

<http://cope-yp.blogspot.co.uk/2013/05/observer-article-12-05-13-medicines-big.html>

(accessed on 29th May 2013)

Joubert, N & Raeburn, J (1998) Mental Health Promotion: People, Power and Passion. *International Journal of Mental Health*, Inaugural Issue.

Krueger, R.A. & Casey, M.A. (2000). *Focus Groups: A Practical Guided for applied Research* (3<sup>rd</sup> Edition). London: Sage Publications

Layard, R. & Dunn, J. (2009). *A good childhood: Searching for values in a competitive age*. London: Penguin. in Learoyd-Smith, S. (2010). An exploration of the Impact of Contextual School Factors on Students' Ways of Thinking, Speaking and Acting. *Emotional and Behavioural Difficulties* 15 (3) 239-255

Learoyd-Smith, S. (2010). An exploration of the Impact of Contextual School Factors on Students' Ways of Thinking, Speaking and Acting. *Emotional and Behavioural Difficulties* 15 (3) 239-255

Leung, C., Cheung, J., Lau, V. & Lam, C. (2011) Development of the Preschool Developmental Assessment Scale (PDAS) on Children's Social Development. *Research in Developmental Disabilities* 32 2511–2518

Lewicka, Maria (1998), "Confirmation Bias: Cognitive Error or Adaptive Strategy of Action Control?", in Kofta, Mirosław; Weary, Gifford; Sedek, Grzegorz, *Personal control in action: cognitive and motivational mechanisms*, New York: Springer, 233–2

Lunt, I. (1998). Focus groups to explore the views of educational psychologists in training. *Educational and Child Psychology*. 15 (3) 44-54

Lewin, K. (1946). Action Research and Minority Problems. *Journal of Social Issues* 2 (4) 34-46 in Thomas, G. (2009). *How to do your Research Project: A Guide for Students in Education and Applied Social Sciences*. London: Sage Publications

Lindblom, C.E. & Cohen, D.K. (1979). *Useable Knowledge: Social Science and Social Problem-Solving*. New Haven CT: Yale University Press. In Robson, C. (2011). *Real World Research*. 3<sup>rd</sup> Edition. West Sussex: Wiley

Kelly, B. (2012). *Implementation Science for Psychology in Education* in Kelly, B. & Perkins, D.F (2012). *Handbook of Implementation Science for Psychology in Education*. New York: Cambridge University Press

MacDonald, G. (2006) *What is Mental Health?* Cattan, M. & Tilford, S. (Eds.) (2006) *Mental Health Promotion: A Lifespan Approach*. Maidenhead: Open University Press

MacDonald, G. & O'Hara, K. (1998) *Ten Elements of Mental Health: It's Promotion and Demotion. Implications for Practice*. London: Society of Health Education and Promotional Specialists

Maslow A.H. (1968) *Toward a Psychology of Being*. New York : Van Nostrand. In MacDonald, G. & O'Hara, K. (1998) *Ten Elements of Mental Health: It's Promotion*

*and Demotion. Implications for Practice.* London: Society of Health Education and Promotional Specialists

McNiff, J. & Whitehead, J. (2010). *You and Your Action Research Project.* 3<sup>rd</sup> Edition. London: Routledge

The Mental Health Foundation (1999). *The Big Picture: Promoting Children and Young People's Mental Health.* London: Mental Health Foundation.

The Mental Health Foundation (2006a) *Making the Link Between Mental Health and Youth Homelessness.* London: The Mental Health Foundation

The Mental Health Foundation (2006b) *Cheers! Understanding the Link Between Alcohol and Mental Health.* London: The Mental Health Foundation

The Mental Health Foundation (2007) *The Fundamental Facts: The latest facts and figures on mental health.* London: The Mental Health Foundation

Morgan, D. (1997). *Focus Groups as Qualitative Research.* (2<sup>nd</sup> Ed). London: Sage.

National Advisory Mental Health Council (NAMHC) (1996). *Basic Behavioral Science Research for Mental Health: Sociocultural and Environmental Processes.* Basic Behavioral Science Task Force of the National Advisory Mental Health Council. Maryland: Rockville

The National Health Advisory Service (HAS) (1995). *Child and Adolescent Mental Health Services: Together We Stand.* London: HMSO Publications

National Institute for Health and Clinical Excellence (2008). *Promoting Children's Social and Emotional Well-being in Primary Education.* London

NHS Mental Health Network (2011). *Key facts and trends in mental health: Update Figures and Statistics.* London: NHS Confederation Events & Publishing

O'Brien, M. (1993). Social Research and Sociology, in Gilbert, N. (ed.) *Researching Social Life.* London: Sage Publications in Cattan, M. & Tilford, S. (Eds.) (2006) *Mental Health Promotion: A Lifespan Approach.* Maidenhead: Open University Press

Office for Standards in Education (2005). *Healthy Minds: Promoting Emotional Health and Well-Being in Schools.* HMI 2457

Office for Standards in Education (2012). *The Framework for School Inspection.* Manchester

Office for Standards in Education (2011). *Annual Children's Services Assessment.* London

O'Leary, Z. (2010). *The Essential Guide to Doing Your Research Project.* London: Sage

Pawson, R. and Tilley, N. (1997). *Realistic Evaluation.* London: Sage.

- Platt, J (2007) *Case Study in Outhwaite, W. & Turner, S.P. (2007) (Eds). The Sage Handbook of Social Science Methodology*. London: Sage Publications
- Piaget, J. (1965). *The Moral Judgement of the Child*. New York: Free Press. In Shaffer, D. R. (2002). *Developmental Psychology: Child and Adolescence. Sixth Edition*. Thomas Learning: London
- Reason, P. & Bradbury, H. (2008) (Eds). *The Sage Handbook of Action Research: Participative Inquiry and Practice*. Wiltshire: The Cromwell Press
- Reich, S.M., Riemer, M., Prilleltensky, I., & Montero, M. (2011) (Eds). *International Community Psychology: History and Theories*. New York: Springer.
- Rivas, C. (2012) *Coding and Analysing Qualitative Data*. In Seale, C. (2012) *Researching Society and Culture (3<sup>rd</sup> Edition)*. London: Sage Publications
- Roberts, R. (2011). Companionable Learning: A Mechanism for Holistic Well-Being Development from Birth. *European Early Childhood Education Research Journal* 19 (2)195-205
- Robson, C. (2011). *Real World Research*. 3<sup>rd</sup> Edition. West Sussex: Wiley
- Rothi, D.M., Leavey, G. & Best, R. (2008). On the Front-line: Teachers as Active Observers of Pupils' Mental Health. *Teaching and Teacher Education* 24, 1217-123
- Royal College of Psychiatrists (2010). *No Health without Public Mental Health: The Case for Action*. London: Royal College of Psychiatrists
- Rutter, M., Tizard, J. & Whitmore, K. (1970). *Education, Health and Behaviour*. London: Longman
- Rutter, M. (2006). Implications of Resilience Concepts for Scientific Understanding. *Annals New York Academy of Science* 1094, 1-12
- Rutter, M. (2012). Resilience as a Dynamic Concept. *Development and Psychopathology* 24, 335–344
- Schein, E.H. (2004) *The Concept of Organisational Culture: Why Bother?* In Schein E.H. (2004) (ed) *Organisational Culture and Leadership*. San Francisco: John Wiley and Son
- Seale, C. (2012) (Ed) *Researching Society and Culture (3<sup>rd</sup> Edition)*. London: Sage Publications
- Seedat, M., Duncan, N & Azarus, S.L. (2001) *Community Psychology: Theory, Method and Practice: South African and Other Perspectives*. Oxford: Oxford University Press
- Seedhouse, D. (1998). Mental Health Promotion: Problems and Possibilities. *International Journal of Mental Health Promotion*, Inaugural issue 4-9

- Shaffer, D. R. & Kipp, K. (2010). *Developmental Psychology: Childhood and Adolescence*. 8<sup>th</sup> Edition. Wadsworth: Cengage Learning
- Shaffer, D. R. (2002). *Developmental Psychology: Child and Adolescence*. Sixth Edition. Thomas Learning: London
- Sixsmith, J., Kagan, C. & Duckett, P. (2004). Pupils' Emotional Well-being in School. *Research Institute for Health and Social Change*. Manchester Metropolitan University
- The Social Exclusion Unit (2004). *Mental Health and Social Exclusion*. London: ODPM Publications
- Stoll, L (1999) School Culture: Black Hole or Fertile Garden for School Improvement? In Prosser, J. (1999) (ed) *School Culture*. London: Sage
- Tew, J. (2002). *Social Theory, Power and Practice*. Basingstoke: Palgrave
- Tew, J. (2005) (Ed). *Social Perspectives in Mental Health: Developing Social Models to Understanding and Work with Mental Distress*. London: Jessica Kingsley Publishers
- Thacker, J. (1994). Organisational Cultures: How to Identify and Understand them. *Educational and Child Psychology* 11 (3) 11-21
- Thomas, G. (2009). *How to do your Research Project: A Guide for Students in Education and Applied Social Sciences*. London: Sage Publications
- Thomas, G. (2011). *How to do your Case Study: A Guide for Students and Researchers*. London: Sage Publications
- Tilford, S. (2006) *Mental Health Promotion*. In Cattan, M. & Tilford, S. (Eds.) (2006) *Mental Health Promotion: A Lifespan Approach*. Maidenhead: Open University Press
- Tilford, S. (2006) *Infancy and Childhood 0-5 years and 6-12 years* .In Cattan, M. & Tilford, S. (Eds.) (2006) *Mental Health Promotion: A Lifespan Approach*. Maidenhead: Open University Press
- Trickett, E.J. (1996). A Future for Community Psychology: The Context of Diversity and the Diversity of Contexts. *American Journal of Community Psychology* 24 (2) 209-235
- Trickett, P. & Negriff, S. (2013). childhood non-sexual maltreatment is associated with poor mental and sexual health outcomes. *Evidence Based Mental Health* 16, 55-56
- UNICEF (2007). *Child poverty in perspective: An overview of child well-being in rich countries*. Florence: UNICEF Innocenti Research Centre.
- Vygotsky, L.S. (1962). *Thought and Language*. Cambridge MA: MIT Press. In Shaffer, D. R. (2002). *Developmental Psychology: Child and Adolescence*. Sixth Edition. Thomas Learning: London

- Weare, K. (2000). *Promoting Mental, Emotional and Social Health: A Whole School Approach*. London: Routledge
- Wells, J., Barlow, J. & Stewart-Brown, S. (2003). A Systematic Review of Universal Approaches to Mental Health Promotion in Schools. *Health Education* 103 (4) 197-220
- Welsh, E. (2002). Dealing with Data: Using NVivo in the Qualitative Data Analysis Process. *Forum Qualitative Social Research* 3 (2) art. 26:  
<http://www.qualitative-research.net/index.php/fqs/article/view/865/1880#g1>  
 Accessed on 26<sup>th</sup> August 2013.
- Western, D. (2002). *Psychology: Brain, Behaviour and Culture. Third Edition*. Wiley: New York
- White, J. (2006). The Aims of School Education.  
<http://www.canterbury.ac.uk/education/tf-mentors/ActivitiesforMentoring/SKandPedagogy/documents/WhiteArticle.pdf>  
 (Accessed on 25<sup>th</sup> October 2012)
- Wolpert, M., Fuggle, P., Cottrell, D., Fonagy, P., Phillips, J., Pilling, S., Stein, S. & Target, M. (2006). *Drawing on the Evidence: Advice for Mental Health Professionals Working with Children and Adolescents*. 2<sup>nd</sup> Edition. CAMHS Publications
- The World Health Organisation (1986). *The Ottawa Charter for Health Promotion*. Geneva: WHO
- The World Health Organisation (2001). *Mental Health: New Understanding, New Hope*. Geneva: WHO
- The World Health Organisation (2011) *Mental Health Atlas 2011*. Switzerland: WHO Library Cataloguing-in-Publication Data
- The World Health Organisation (2012) *The Ottawa Charter for Health Promotion*  
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>  
 (Accessed on 4<sup>th</sup> April 2013)
- The World Health Organisation (2013) *Draft comprehensive mental health 2013-2020*. The World Health Organisation: Executive Board
- The World Health Organisation (2013). *Health Topics*  
<http://www.who.int/en/>  
 (Accessed on 3<sup>rd</sup> April 2013)
- Yin, R.K. (2003). *Applications of Case Study Research*. 2<sup>nd</sup> Edition. London: Sage Publications
- Yin, R.K. (2009). *Case Study Research: Design and Methods*. 4<sup>th</sup> Edition. Thousand Oaks: Sage
- Yin, R.K. (2011). *Applications of Case Study Research*. 3<sup>rd</sup> Edition. London: Sage Publications





# APPENDICES

## APPENDIX 1: Questionnaire: Whole-School Approaches To Children’s Mental Health And Emotional Well-Being In Primary Schools

*Below is a copy of the electronic questionnaire which was sent to all mainstream primary schools in Fernston during Phase-One of this study.*

*Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.*  
 The World Health Organisation, 2012

About your school

1. How would you describe your school community’s levels of need in relation to well-being and mental health:

- A high risk population
- A medium risk population
- A low risk population

2. Does your school have National Healthy Schools Status?

- Yes
- No

3. Has your school previously been involved in any of the following projects: *Social and Emotional Aspects of Learning (SEAL), Family Social and Emotional Aspects of Learning, Targeted Mental Health in Schools (TAMHS)?*, If yes (please tick):

		SEAL	Family SEAL	TAMHS
Comprehensive	The programme has been a major priority for development over a number of years			
Moderate	A number of strands have been implemented, but this has not been a major priority in our school.			
Emergent	We have made a start, but uptake to date has been modest.			
Not implemented	This not has not been a priority. We have not yet taken steps to implement the guidance.			

4. Is there a designated lead professional in the school who has key responsibility for the coordination of whole school well-being and mental health approaches?

- Yes
- No

5. If yes to the school having a lead profession for coordinating well-being and mental health approaches, what is their main role in the school:

- Head Teacher
- Senior Management
- SENCo
- Main Grade Teacher
- Teaching Assistant
- Other

6a Does your school receive any additional 'designated' funding to meet Government guidelines on whole school mental support (for example: National Health Schools Standards, NICE tool kit 2008)?

Yes  
No

6b Does your school receive any additional 'designated' funding to meet Government guidelines on whole school emotional well-being support?

Yes  
No

7 Are there are other Local Authority services involved in supporting your school in whole school mental health approaches?

No  
Educational Psychology Service  
Child and Adult Mental Health Service  
Special Educational Needs Support Service  
School Nurse  
School Counsellors  
Health Services  
Other

8. Are there are other Local Authority services involved in supporting your school in whole school emotional well-being support?

No  
Educational Psychology Service  
Child and Adult Mental Health Service  
Special Educational Needs Support Service  
School Nurse  
School Counsellors  
Health Services  
Other

9 If there are other Local Authority services involved in supporting your school in mental health, how much contact do you have with representatives from this service?

Weekly  
Monthly  
Termly  
Twice a year  
Annually  
Other

	Weekly		Monthly		Termly		2x Year		Annually	
	WB	MH	WB	MH	WB	MH	WB	MH	WB	MH
Educational Psychology Service										
Child and Adult Mental Health Service										
Special Educational Needs Support Service										
School Nurse										
School Counsellors										
Health Services										
Other										

Key: WB – Well-Being, MH – Mental Health

10 What proportion of staff in your school (including non-teaching staff) do you estimate are aware of existing guidelines for supporting mental health in schools (for example: National Health Schools Standards, DoH/DfES 2005, OFSTED 2005, Promoting children's social and emotional wellbeing in primary education, NICE 2008)?

0 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

11 If your school is currently supporting well-being and mental health at a whole school level, how is this achieved?

*Effective whole school frameworks for promoting emotional well being and mental health*  
*Teaching of social and emotional skills to all children*  
*Anti-bullying policies*  
*Regular staff training*  
*Peer support systems*  
*SEAL resources*  
*Support from voluntarily organisations*  
*Family work*  
*Coordinated multi-agency work*  
*Nurture groups*  
*Other*

12 If your school is supporting well-being and mental health at a whole school level, how is impact measured?

*Using the National Healthy schools evaluation template*  
*Using school data, such as attendance rates, behaviour records, exclusions*  
*Other methods*

13 What do school staff perceive as their role in supporting positive mental health?  
 Please indicate what you perceive is the general consensus amongst staff in your school on the scale below each statement. Please click the number best represents of your response.

*a) Well-being and mental health support should be provided by specialists with expertise in this field; school staff do not have this training or expertise*

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

*b) One key role of school staff is to signpost children and families to specialist services*

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

*c) One key role of school staff is to provide front line prevention of mental health distress and well-being and mental health promotional intervention (whole school, group and individual support)*

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

*d) The role of school staff is to provide advice and guidance to families and children who experience stress or distress*

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

e) The role of school staff is to provide advice and guidance to all families and children in relation to well-being and mental health

<b>Strongly Agree</b> 1	<b>Agree</b> 2	<b>Undecided</b> 3	<b>Disagree</b> 4	<b>Strongly disagree</b> 5
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14 What do you perceive as the main challenges to schools in whole school approaches to supporting well-being and positive mental health at a whole school level (please tick all relevant and rank)?

	<i>Level of Challenge</i>				
	1	2	3	4	5
<i>Lack of specialist knowledge about WB&amp;MH</i>					
<i>Lack of input from specialist services</i>					
<i>Ineffective multi-agency collaboration</i>					
<i>Lack of resources</i>					
<i>Current school structure</i>					
<i>Other priorities</i>					

Key: WB – Well-Being, MH – Mental Health

- 1 – Not a challenge
- 2 – Minor challenge
- 3 – Somewhat challenging
- 4 – Significant challenge
- 5 – Major challenge

16 What do you think are key effective factors for supporting well-being and mental health at a whole school level (please tick all relevant and rank)?

	<i>Level of Effectiveness</i>				
	1	2	3	4	5
<i>Specialist knowledge about WB&amp;MH</i>					
<i>Input from specialist services</i>					
<i>Effective multi-agency collaboration</i>					
<i>A good range of resources</i>					
<i>School structure</i>					
<i>It is a school priority</i>					

Key: WB – Well-Being, MH – Mental Health

- 1 – Very effective
- 2 – Effective
- 3 – Somewhat effective
- 4 – Little effect
- 5 – No effective

16 To what extent is supporting well-being and mental health a current priority for your school?

<b>Major current priority</b> 1	<b>Priority</b> 2	<b>Moderate priority</b> 3	<b>Low priority</b> 4	<b>Not a priority</b> 5
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### **About the respondent**

17 What is your primary position in the school (please tick one):

- Head Teacher*
- Senior Management*
- SENCo*
- Teacher*
- Teaching Assistant*
- Other*

18 How long have you held this position:

*Less than 1 year*

*1 – 5 years*

*6-10 years*

*11 – 15 years*

*16 years plus*

19 How long have you worked in this school:

*Less than 1 year*

*1 – 5 years*

*6-10 years*

*11 – 15 years*

*16 years plus*

### Additional Question

20 Would you be interested in your school participating in a small scale study in which a Trainee Educational Psychologist would support the further development of a whole school approach to supporting mental health and well-being within the school?

Collaborative action research methodology will be used to negotiate the detail of the design of the intervention and the methods used to monitor implementation and evaluate impact.

The collaborative nature of this development and research project is important. I therefore hope that a steering group will be formed, to include a representative from each staff group within the school.

The steering group will help shape the design of the intervention and the data collection methods to monitor and evaluate the intervention.

Steering group members will be co-developers and co-researchers and will contribute to the interpretation of the findings derived from the monitoring and evaluation methods. (All data shared with the steering group will be anonymous to safeguard respondent confidentiality; any data that would compromise this key expectation for anonymity and confidentiality would be withdrawn before data were shared with the steering group).

The steering group will be invited to work collaboratively to generate hypotheses from the data corpus and related recommendations for follow-up action within the school.

I am mindful of the high workloads staff will already experience, and will take care to ensure that work associated with steering group membership does not extend beyond attendance at steering group meetings.

If you signal provisional interest in Phase 2 of this study, once all questionnaires have been returned, I will contact you directly and endeavour to come into school at a time convenient to you, to provide further information and discuss what participation would entail.

Please note that an indication of interest, rather than a firm commitment is sought at this stage.

I would / would not be interested to give further consideration to participating in the 'Phase 2' school-based development and research study to further promote mental health and well-being within our school

Yes (contact name: \_\_\_\_\_ )

No thank you

## **APPENDIX 2: First Email - Covering Email To The Head Teacher, Including Information Re: Research Ethics And Consent**

Dear (Head Teacher's Name),

My name is Sarah Williams and I am a Trainee Educational Psychologist from the University of Birmingham, working in \*\*\*\*\* Educational Psychology Service.

I am currently undertaking doctoral research in the area of :

***“Whole school approaches to well-being and mental health promotion in maintained primary schools”***

This research is for my doctorate in Applied Educational and Child Psychology and therefore conforms to the University of Birmingham and Local Authority research ethics (see overleaf for further details).

The first phase of my research aims to build a comprehensive picture of current practices in promoting well-being and mental health in all mainstream primary schools in \*\*\*\*\*. I am particularly interested in head teachers' perspectives on well-being and mental health with regard to:

- i. schools' responsibilities in promoting children's well-being and mental health;
- ii. views on what is currently working well/less well to promote well-being and mental health;
- iii. factors within the school that support/constrain well-being and mental health promotion; and
- iv. suggestions for improvement and development.

I will collate responses to this questionnaire and provide all respondents with feedback on the range of practices and policies currently in place in \*\*\*\*\* schools.

I would be very grateful if you would participate in this stage of my research by completing this short online questionnaire.

If, in your judgement, another member of school staff would be better placed to respond to this survey, could you please forward this email and attachment to her / him, asking if s/he would respond on the school's behalf?

In so doing, please emphasise that this is a request, not an instruction!

As noted overleaf, your school's contribution to this survey is wholly voluntary. If you wish to withdraw from this phase of the study, please contact me directly at this email address ([sarah.williams3@XXXXX.gov.uk](mailto:sarah.williams3@XXXXX.gov.uk)) or on \*\*\*\*\*. As I will be collating the responses during the latter part of the school summer holidays, you will have until Friday 17<sup>th</sup> August 2012 to request that I withdraw your school's data from the study.

You will note a final question (Question 20) asks whether you may be interested in contributing to a second phase of this study.

My aim for this second phase of my research is to support one primary school in \*\*\*\*\* in further strengthening its work in the area of promoting children's emotional well-being and mental health, within my role as a trainee educational psychologist from the University of Birmingham, undertaking supervised practice in \*\*\*\*\* County Council throughout Years 2 and 3 of my full-time postgraduate training. In all my work, including this study, my practice is supervised by my University tutor and a senior educational psychologist within the Local Authority.

If you signal in your response to Question 20 that you may be interested to contribute to this second phase of my research, I will contact you to arrange to meet to discuss this further.

If you have any questions about this research, please contact me on \*\*\*\*\* or at this email address.

I would like to thank you in advance for taking the time to consider this request and complete and return this questionnaire. Your views are important, and your feedback, should you be willing to contribute to this survey, will make a valued contribution to developing a profile of practice within xxxxx primary schools, factors that contribute to and constrain the work of schools in this area, and suggestions for development, within which external agencies such as the Educational Psychology Service may be able to assist.

Sarah Williams  
Trainee Educational Psychologist

### THE UNIVERSITY OF BIRMINGHAM AND LOCAL AUTHORITY RESEARCH ETHICS FOR PHASE ONE

<p>Participation is completely <u>voluntary</u>. If you wish to withdraw from the study after you have submitted your responses to the questionnaire, please contact me directly either via this email address (<a href="mailto:sarah.williams@XXXXXX.gov.uk">sarah.williams@XXXXXX.gov.uk</a>) or on *****. The deadline for withdrawing data for this phase of the research is Friday 17<sup>th</sup> August 2012.</p>
<p>All information will be <u>confidential</u>. Your name, the name of your school and the district name will not be identified in any reports or publication of this research. Your name and the school's name will not appear on any paperwork.</p> <p>The school will be identified by a numerical code.</p> <p>Informed consent will be assumed by completion and return of the questionnaire</p>
<p>The management of research data will be in accordance with the <u>Data Protection Act 1998</u> and all data will be destroyed after 10 years. All data collected will be stored securely and only I and my University supervisor will have any access to the raw data.</p> <p>Only I will be able to connect data from any specific school with the code given to the school for the purpose of this research.</p>
<p>Information gathered from this research will be shared in a summative report with all respondents.</p>
<p>Information gathered from this research will be used for my doctoral thesis research and will be shared with ***** Educational Psychology Service to inform colleagues and schools on a developmental implementation framework which will form a helpful tool to support whole school development in mental health promotion.</p>
<p>The final question on this questionnaire (Question 20) invites your school's participation in a follow-up study which aims to provide enhanced support for implementation of whole school well-being and mental health promotion.</p>
<p>University Course Director/supervising tutor: Sue Morris (Email: [REDACTED] Tel: [REDACTED]) Placement supervisor: ***** (Email: *****) Tel: xxxxx xxxxxx)</p>

**SECOND EMAIL: FOLLOW-UP EMAIL TO HEAD TEACHERS (SENT 26<sup>th</sup> JULY 2012)**

Dear Head Teacher,

You may recall my previous email dated 11th July 2012 requesting your involvement in my doctoral research on:

***“Whole school approaches to well-being and mental health promotion in maintained primary schools”***

Many thanks to those who have completed my online questionnaire. I appreciate that the timing of circulating this request is not ideal for many head teachers, however if you are able to complete this questionnaire before Friday 27th July I would be extremely grateful.

This is the link direct to the questionnaire:

<https://www.survey.bris.ac.uk/bham/phaseone>

Below is the original email which provides detailed information about my research.

Many thanks again in advance.

Sarah Williams  
Trainee Educational Psychologist



## APPENDIX 3: Application For Ethical Review: Phase-One & Two (Combined)

<b>UNIVERSITY OF BIRMINGHAM</b> <b>APPLICATION FOR ETHICAL REVIEW</b>	<i>OFFICE USE ONLY:</i> Application No: Date Received:
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**1. TITLE OF PROJECT**

*A whole school approach to mental health promotion using collaborative action research*

**2. THIS PROJECT IS:**

- University of Birmingham Staff Research project
- University of Birmingham Postgraduate Research (PGR) Student project
- Other  (Please specify):

**3. INVESTIGATORS**

**a) PLEASE GIVE DETAILS OF THE PRINCIPAL INVESTIGATORS OR SUPERVISORS (FOR PGR STUDENT PROJECTS)**

Name: Title / first name / family	Mrs Sue Morris
Highest qualification & position held:	M.Ed. (Ed. Psych) & Educational Psychology Programme Director
School/Department	School of Education/DISN
Telephone:	[REDACTED]
Email address:	[REDACTED]

Name: Title / first name / family	Dr Julia Howe
Highest qualification & position held:	Ed Psych D; Academic and Professional Tutor to App Ed and Child Psy D Programme
School/Department	Education: DISN
Telephone:	[REDACTED]
Email address:	[REDACTED]

**b) PLEASE GIVE DETAILS OF ANY CO-INVESTIGATORS OR CO-SUPERVISORS (FOR PGR STUDENT PROJECTS)**

Name: Title / first name / family	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

**c) In the case of PGR student projects, please give details of the student**

Name of student:	Mrs Sarah Williams	Student No:	
Course of study:	Applied Educational & Child Psychology Doctorate. Full Time	Email address:	[REDACTED]
Principal supervisor:	Mrs Sue Morris		

4. ESTIMATED START OF Date:  PROJECT  
 ESTIMATED END OF Date:  PROJECT

5. FUNDING

List the funding sources (including internal sources) and give the status of each source.

Funding Body	Approved/Pending /To be submitted
None	

If applicable, please identify date within which the funding body requires acceptance of award:

Date:

If the funding body requires ethical review of the research proposal at application for funding please provide date of deadline for funding application:

Date:

6. SUMMARY OF PROJECT (overleaf)

**Rationale for the project**

- It is widely accepted in policy (local and national) and research that schools play an important role in supporting the emotional well-being/promoting the mental health of all children and young people and in prevention of mental disorders, for example: "schools should make the promotion of mental health a priority and staff should be aware of the guidelines." (OFSTED 2005)
- There is a number of guidelines available to schools on how to support and promote well-being and how to monitor the impact of such endeavours on behaviour, academic achievement and attendance rates. However recent reports (e.g. National Healthy Schools Standards, DoH/DfES 2002; OFSTED 2005; NICE 2008) indicate that schools, and particularly secondary, are struggling to meet the requirements set out by the Government. (None of these guidelines is backed by statutory requirements, and mental health promotion does not form a direct focus of the 2012 OFSTED framework for school inspection: only the 'behaviour and safety' of students, and schools' responsibility for the 'spiritual, moral, cultural and social development' of students are to be assessed and commented upon).
- Several studies suggest that whole school approaches are more effective than specific, time-limited, targeted interventions in developing general school environments conducive to student and staff well-being, interpersonal skills and better mental health. Intervention that is integrated into the classroom and whole school has longer term effects than short term group intervention (Greenburg 2009, Wells et al 2003).
- There is a great deal of research about group interventions but less on the implementation of whole school approaches to mental health promotion, and evaluation of their outcomes.

### Research Questions

- 1) Within one Local Authority (LA) what are LA priorities regarding positive mental health and emotional well-being in schools?
- 2) How do schools currently promote emotional well-being and mental health?
  - i. Do schools receive additional funding and support to meet guidelines? To what extent are other LA services involved (who, how, where)
  - ii. What structures are currently in place in schools to support and promote emotional well-being and positive mental health at a whole school level?
  - iii. Are school staff aware of existing guidelines (e.g. DoH/DfES, NICE, NHSS)?
  - iv. Are school staff working towards the NHSS guidelines? If so how, and how is impact measured, and what are the criteria for measuring success?
  - v. What do school staff perceive as their role/responsibility in supporting and promoting emotional well-being and positive mental health?
  - vi. What do school staff perceive as the challenges and barriers to schools in promoting emotional well-being and positive mental health at a whole school level?
  - vii. What do school staff perceive as the effective factors for promoting emotional well-being and mental health at a whole school level?
- 3) Can an implementation framework be developed as a helpful approach, through which a Trainee Educational Psychologist, in the role of external consultant to one primary school, can support whole school development in emotional well-being and mental health promotion (over a school term within one primary school)?

The above questions will be addressed in two stages: Phase 1 will address Research Questions 1 and 2.i-2.vii; Phase 2 will address Research Question 3.

Phase 1 of this research (a short questionnaire to all primary schools in one district of the LA) has provided a valuable broad overview of the current practices and approaches primary schools employ to support and promote children's emotional well-being and mental health. This information has indicated similarities and differences within the provision offered by primary schools and identify possible areas for development. Phase 1 of this study allowed head teacher to volunteer for Phase 2. Through this process an individual school was identified for Phase 2 participation.

It is expected that Phase 2 of this research (a school-based collaborative action research study in one primary school), will have value to the school and that a Trainee Educational Psychologist (myself) can work collaboratively with the school to develop an implementation framework which will be helpful in supporting whole school development in mental health promotion. This phase of the study will introduce a conceptual model ( The Ten Element Map, MacDonald and O'Hara 1998) to identify areas for development and support the implementation agreed actions. This process is likely to also identify factors affecting implementation (Greenberg et al, 2009).

**NB** The current application for ethical approval relates solely to Phase 2: a previous application for ethical approval for Phase 1 data has already been approved

## 7. CONDUCT OF PROJECT

### **Phase 1 (Research Questions 1 and 2i-vii)**

#### **Proportion of the study: 1/3 approximately**

**Aim:** *to gain a broad understanding of current practice and policies which exist in primary schools in a district of a Local Authority with regard to promoting emotional well-being and positive mental health at a whole school level.*

#### Phase 1 (i)

- **Short questionnaire** to all primary schools in the district to gain contextual information. (See Appendix 2, p18 for draft questionnaire).  
Questionnaires comprising short, closed questions (Gillham, 2008) will be sent to the lead professional\* responsible for supporting pupils' emotional well-being and mental health in each primary school (R.Q. 2).  
Question to be included for participant selection for Phase 2. See Appendix 2, question 20)  
(\* questionnaires will be sent electronically to the head teacher of each primary school within the district, for completion by the head teacher or her/his designated representative within the school, subject to her/his consent; see Section 11).
- **Document analysis** of Local Authority records (using recent OFSTED reports and school policies available on each school's website/ within the public domain) to inform an analysis of current priorities, strategies and provisions for mental health promotion in schools, as indicated by school documents (R.Q. 1).

#### Phase 1 (ii)

- **Selection process** for Phase 2 case study school. If more than one school volunteers to participate in Phase 2 (via the school's response to the final question of the Phase 1(i) questionnaire), a hierarchy of selection criteria will be used to inform selection. Criteria will include:
  - a) current school priorities: school development plan for emotional well being and mental health promotion, OFSTED recommendations implemented and the adoption of the DfES national guidance on well-being and mental health (i.e. evidence will be sought that well-being and mental health promotion is a priority);
  - b) the school's capacity to commit to the study within the timeframe within which the researcher needs to work (May 2012-April/May 2013); and
  - c) convenience and ease of access for the researcher.

### **Phase 2 (Research Question 3)**

#### **Proportion of the study: 2/3 approximately**

**Aim:** *To determine if a mental health framework (MacDonald and O'Hara's Ten Element Map, 1998) can be implemented as a helpful approach, through which a Trainee Educational Psychologist, in the role of external consultant can support whole school development for pupils' well-being and mental health promotion within one primary school.*

- Use of one **collaborative action research cycle, case study design** to negotiate an ecologically valid research and development framework, implement this and monitor actions to gain feedback on its effectiveness in strengthening the foundations for change and development to support children's mental health and emotional well-being (over a 4 month period) (R.Q. 3)
- Pre intervention data collection will include: document analysis, pupil questionnaire, staff, parents and pupil focus groups and staff steering group
- Draw upon *The Ten Element Map (MacDonald and O'Hara 1998)* to facilitate the explorative and implementation and actions agreed to promote emotional well-being and mental health at a whole school level. As the lead researcher I will undertake to share information in an accessible format with all the school staff. These methods and measures will be developed in collaboration with staff within the identified school to maximise ecological validity and also acceptability to staff.

**NB** The current application for ethical approval relates solely to Phase 2: a previous application for ethical approval for Phase 1 data has already been approved

**Please give a description of the research methodology that will be used**

## 8. DOES THE PROJECT INVOLVE PARTICIPATION OF PEOPLE OTHER THAN THE RESEARCHERS AND SUPERVISORS?

Yes  No

## 9. PARTICIPANTS AS THE SUBJECTS OF THE RESEARCH

Describe the number of participants and important characteristics (such as age, gender, location, affiliation, level of fitness, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

### **Phase 1 (Research Questions 1 and 2i-vii)**

Participants will be the head teacher (or another lead professional within the school, designated by the head teacher) of all of the primary schools in one district of the local authority.

Demographic details of each school (such as number of pupils on roll, number of SEN pupils, number of pupils eligible for Free School Meals, number of pupils with English as an Additional Language, recent OFSTED rating etc.) will have already been obtained from publicly available reports. Respondents will be asked for additional information (their current role in the school, length of time in that role and length of time at the school) when they complete the questionnaire. These data will not be stored against the name of the school; each school will be identified by a numerical code.

There are 34 mainstream primary schools within the district. The electronic questionnaire will be sent to all of these schools.

Special schools will not be included in the sample.

If more than one school volunteer to participate in Phase 2, a hierarchy of selection criterion will be used to inform the selection decision (as summarised at Section 7 above).

### **Phase 2 (Research Question 3)**

Participants will be one school within one district of the Local Authority. The school was identified through self-selection in the Phase 1 online questionnaire.

As this research is using a collaborative action research methodology, groups which would be appropriate participants will be identified during the initial meetings with the head teacher. Following this, all participants will be invited to participate in this research (see section 10, p8)

Demographic details of the school (such as number of pupils on roll, number of SEN pupils, number of pupils eligible for Free School Meals, number of pupils with English as an Additional Language, recent OFSTED rating etc.) will have already been obtained from publicly available reports. Each participant will be asked for additional information (their current role in the school, length of time in that role and length of time at the school) when they join the focus group\* or steering group\*. These data will not be stored against the name of the participant; each participant will be identified by a numerical code.

\*Through negotiations, it will be proposed that that focus groups and a steering group will be an appropriate method of collecting data as the purpose of the research can be made transparent, people tend to talk more than they write, therefore verbal discussions will provide more depth and detail (Gillham 2008) and this method will potentially yield a range of perspectives.

The following groups will be invited to participate in this phase of the research:

- Questionnaire to all Key Stage 2 pupils (ages 7 – 11)
- Pupil focus group (Key Stage 2 pupils)
- Parent focus group
- Staff focus group (representative of the staff population)
- Staff Steering group

## 10. RECRUITMENT

Please state clearly how the participants will be identified, approached and recruited. Include any relationship between the investigator(s) and participant(s) (e.g. instructor-student).

*Note: Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.*

### **Phase 1 (Research Questions 1 and 2i-vii)**

An email will be sent to all 34 primary school head teachers in the district asking for their participation in completing an electronic questionnaire (either personally or by delegating to the relevant member of school staff, subject to his/her agreement). Head teachers will have the option to opt-in for the case study. See Appendix 2 for draft questionnaire (p 18).

The covering email will explain the nature and purpose of the research, that participation is voluntary and the head teacher or his/her delegate has the right not to reply. See Appendix 1 (pp. 14-15) for draft email to primary school head teachers.

Participants will not receive any recompense for participating in this or the second phase of the research.

### **Phase 2 (Research Question 3)**

The case study school for Phase 2 will have been identified through analysis of the questionnaire responses in Phase 1.

Participants will not receive any compensation for participating in either phase of the research.

Difficulties of promoting change/organisational development in organisations is well documented, therefore I will heed the cautions of writers such as Campbell et al (1994) and Hopkins and Harris (2003) and their advice to 'work with the healthy parts of the system'. I will identify and work within organisational culture, and develop a representative 'cadre' to help take forward innovation which aims to harness existing research and knowledge to support and improve school experience and outcomes for children, by empowering, rather than silencing (or subjugating) staff.

It is important to note the differences in the actions agreed in light of the findings from this research and the Phase 2 research and evaluation process:

- The agreed actions will be the responsibility of the head teacher and governors, therefore normal expectations for staff cooperation apply.
- In terms of the research and evaluation, I will work only with staff whose authentic, freely given informed consent has been obtained, even if this provides me with an incomplete and skewed data corpus.

Parents will be provided with written information about the research, (cf. the intervention itself, which would not be a matter requiring parental consultation and agreement in the same way as would a health education initiative, for example).

School management will play an active role in shaping the design of this study; it will be explicit that staff participation is purely voluntary. To counteract any perceptions that participation is required, written information will be provided to all school staff. This will provide the opportunity to explain the purpose and nature of the proposed research and address any questions people may have regarding participation, confidentiality and data storage. See Appendix 1 (p18-19).

Cont...

Participant selection:

Pupil questionnaire (Appendix 2 p.20-21)

All Key Stage 2 (7-11 years) will be provided with the questionnaire, the questionnaire will be optional, therefore all children will have the option to opt-out of this part of the data collection process, without there being any negative consequences for the children (See Appendix 3, p.22 for the script that will be read to the children prior to them completing the questionnaire).

Key Stage 2 children were identified as an appropriate age group based on appropriate cognitive, social and emotional development (Shaffer, 2001).

Pupil focus group (Appendix 4, p.23-25 for semi-structured interview questions)

The head teacher will select pupils from across Key Stage 2, who will be invited to participate in the focus group. Parental consent will also be gained (Appendix 5, p.26-27)

Children were identified by the head teacher as appropriate participants based on the pupil's cognitive, social and emotional development (Shaffer, 2001) and their abilities to verbally communicate their views. All pupils will be given the opportunity to opt-out of the focus group with any negative consequences.

Parental focus group (Appendix 6, p.28-30 for semi-structured interview questions)

Parents will be sent a letter from the researcher (myself) which will provide information about the research and an invitation to participate in the focus group (Appendix 5, p.26-27).

Staff focus group (Appendix 7, p.31-34 for semi-structured interview questions)

All members of staff will be sent a letter from the researcher (myself) (Appendix 1, p.18-19) which will provide information about the research and an invitation to participate in the focus group.

Staff steering group

The head teacher will identify appropriate members of staff who will be invited to participate in the steering group. Selection will be determined by the role held by the member of staff in the school. The participants will need to be in a position to agree and implement actions which will be determined from the findings from the three focus groups.

Limitations to all of these recruitment strategies will be discussed in section 19, (p.14)

## 11. CONSENT

a) Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why. If the participants are minors or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the consent.

There will be no subterfuge and a policy of transparency will be consistent throughout the research to promote mutual respect and confidence between participants and the researcher (BPS 2009).

Participation in the research and evaluation will be voluntary and participants will be informed of the process of the research throughout. They will not be placed under duress at any point (BERA 2011).

The contact details of the researcher and supervisors will be given to schools and all participants involved so that they are able to make contact at any point during the research (see Appendices 1 and 2, pages 14 and 16).

### **Phase 1 (Research Questions 1 and 2i-vii)**

An email will be sent to all of the head teachers of the primary schools in one district. The email will provide information about the research, confidentiality and data storage (see Appendices 1 and 2, pp14-15 and pp 16-20).

For the head teacher or delegated person in each school, informed consent will be assumed by his/her taking on the task. Data collected will be confidential but not anonymous. Each school will have been allocated a code; however coded questionnaires will not be stored in the same place as the list linking codes and schools.

### **Phase 2 (Research Question 3)**

Informed consent evidenced through the response to the questionnaire in Phase 1, will be initially gained from senior managers in the participating school. To avoid exploitation and conflicts of interest, the discussion will include clarification of professional roles currently assumed and conflicts of interest that might potentially arise (BPS 2009).

Research should remain true to the chosen methods (BERA 2011): as collaborative action research methodology places emphasis on collaboration, research methods and roles will be negotiated with stakeholders, and informed by shared analysis of pre-intervention data, alongside consideration of 'good practice' suggested by the review of research literature within this field (for example Timmins et al, 2003). I will also communicate the extent to which the data collection and analysis techniques, and the inferences to be drawn from their findings (Freidman 2005), will be reliable, valid and generalisable (BERA, 2011).

Once each data collection method has been agreed upon, informed and signed consent will be gained from all participants (see Appendices 8 - 11 for examples, p.35 -39) stating that they understand expectations for confidentiality, their right to withdraw, data storage and protection, and how the results will be presented. In addition the participants and researcher will collaboratively agree ground rules governing the research process.

As previously mentioned in section 10 (p.8), the proposed methodology will include pupil questionnaire, focus groups (pupil, parents and school staff) and a staff steering group. Consent for each method will be gained in the following way:

#### Pupil Questionnaire

All pupils in Key Stage 2 (7 -11 year olds) will be given the pupil questionnaire. The class teacher or researcher will read the instructions to the pupils (see Appendix 3, p.22), with emphasis on confidentiality and of the voluntary nature of the questionnaire. Consent will be assumed by completion of the questionnaire (Appendix 2, p.20-21) The pupils will be offered assistance with reading/understanding the questions if required.

Cont..



#### Pupil Focus Group\*\*

The researcher (myself) will meet with all the selected pupils to explain the purpose of the research and focus group. I will also verbally explain about consent, withdrawal and confidentiality, following a verbal explanation, I will provide participants with written information, which they will sign to say they understand the purpose of the research and focus groups and that they are giving informed consent (see Appendix 8, p.35-36). A parental consent form will also be sent to the parents of the selected pupils (Appendix 5, p.26-27).

#### Parent Focus Group\*\*

The researcher (myself) will meet with the parents to explain the purpose of the research and focus group. I will also verbally explain about consent, withdrawal and confidentiality, following a verbal explanation, I will provide participants with written information, which they will sign to say they understand the purpose of the research and focus groups and that they are giving informed consent (see Appendix 9, p.37).

#### School Staff Focus Group\*\*

The researcher (myself) will meet with the participants to explain the purpose of the research and focus group. I will also verbally explain about consent, withdrawal and confidentiality, following a verbal explanation, I will provide participants with written information, which they will sign to say they understand the purpose of the research and focus groups and that they are giving informed consent (see Appendix 10, p.38)

#### Staff Steering Group\*\*

The researcher (myself) will meet with the school staff to explain the purpose of the steering group. I will also verbally explain about consent, withdrawal and confidentiality, following a verbal explanation, I will provide participants with written information, which they will sign to say they understand the purpose of the research and focus groups and that they are giving informed consent (see Appendix 11, p.39).

\*\* All of the focus groups and steering group discussions will be tape recorded and scribed (by the research supervisor). During discussions the researcher (myself) will check back with participants that their views have been understood and recorded accurately.

b) Will the participants be deceived in any way about the purpose of the study? Yes  No

If yes, please describe the nature and extent of the deception involved. Include how and when the deception will be revealed, and who will administer this feedback.

## 12. PARTICIPANT FEEDBACK

Explain what feedback/ information will be provided to the participants after participation in the research. (For example, a more complete description of the purpose of the research, or access to the results of the research).

### **Phase 1**

All schools which participate in this stage of the research will be provided with a summary of findings and recommendations for following-up work within the LA.

### **Phase 2**

All participants (school staff, pupils and parents) and the rest of the school population (staff and pupils) will be invited to a presentation about the research findings. This will detail a general summary of the findings and the actions agreed. It will not be possible to identify the source of the data. In addition a detailed written report will be provide for the school, along with a more accessible summary sheet. This is recommended by BERA (2004).

### 13. PARTICIPANT WITHDRAWAL

a) Describe how the participants will be informed of their right to withdraw from the project.

The right to withdraw will be made clear from the outset. This will be explained in written form for parts of the data collection (see pupil questionnaire Appendix 3, p.22, focus group consent forms Appendix 8 – 11 p.35-39).

No data derived from either phase of the study will be stored against individual school or staff names. Data will be confidential but not anonymous. Each participant will be allocated a code for reference purposes only.

The researcher will accept a participant's decision to withdraw. However participants will be aware that once they have submitted the questionnaire (pupil) or once the focus groups have been recorded it will not be possible to remove data as it will not be possible to identify individual participant's responses

b) Explain any consequences for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw.

There will be no consequences for participants who choose not to participate in, or to withdraw from Phase 2.

All data will be stored in a safe and secure manner and no unauthorised personnel (other than myself as researcher and my research supervisor) will have access to them.

### 14. COMPENSATION

Will participants receive compensation for participation?

i) Financial

Yes  No

ii) Non-financial

Yes  No

If **Yes** to **either** i) or ii) above, please provide details.

If participants choose to withdraw, how will you deal with compensation? NA

### 15. CONFIDENTIALITY

a) Will all participants be anonymous?

Yes  No

\*

b) Will all data be treated as confidential?

Yes  No

*Note: Participants' identity/data will be confidential if an assigned ID code or number is used, but it will not be anonymous. Anonymous data cannot be traced back to an individual participant.*

Describe the procedures to be used to ensure anonymity of participants and/or confidentiality of data both during the conduct of the research and in the release of its findings.

Confidentiality is guaranteed with regards to the storage and presentation of data.

**Phase 1 (Research Questions 1 and 2i-vii)**

Data will be confidential but not anonymous. Each school will be allocated a code for reference purposes only. Coded questionnaires will not be stored in the same place as the list linking codes and schools.

Demographic details of the school, (such as number of pupils on roll, number of Special Educational Needs pupils, number of pupils eligible for Free School Meals, number of pupils with English as an Additional Language, recent OFSTED rating etc.) will be recorded and used in the analysis of the representativeness of the findings and to identify trends in practice from Phase 1 that may relate to demographic trends. However this information will not be stored against individual schools' names; rather, they will be allocated a code to ensure there will be no means of identifying individual schools in the final report.

**Phase 2 (Research Question 3)**

It is proposed that this phase will rely heavily on focus group methodology, therefore complete confidentiality can not be guaranteed due to the nature of the methodology; group members will be able to attribute specific responses to specific individuals. To overcome associated risks of misuse of information or risk to the reputation of particular staff, ground rules will be established, where levels of confidentiality can be negotiated and agreed. In discussing matters concerned with children, community and/or staff mental health. Participants will be asked to talk in general terms rather than referencing their comments to named people.

It will be made clear that views will not be attributed to individuals, but rather reported collectively in a research paper within which it will not be possible to identify the school nor any individuals.

Data will be confidential but not anonymous. Each participant will be allocated a code for reference purposes only. Coded responses will not be stored in the same place as the list linking codes and participants.

Demographic details of the school, (such as number of pupils on roll, number of Special Educational Needs pupils, number of pupils eligible for Free School Meals, number of pupils with English as an Additional Language, recent OFSTED rating etc.) will be recorded and used in the analysis of the representativeness of the findings and to identify trends in practice from Phase 1 and 2 that may relate to demographic trends. However this information will not be stored against individual schools' names; rather, they will be allocated a code to ensure there will be no means of identifying individual schools in the final report.

If participant anonymity or confidentiality is not appropriate to this research project, explain, providing details of how all participants will be advised of the fact that data will not be anonymous or confidential.

NA

## 16. STORAGE, ACCESS AND DISPOSAL OF DATA

Describe what research data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data.

The management of research data will be in accordance with the Data Protection Act 1998. The researcher will ensure participants know how and why their personal data are being stored, to what uses they are being put and to whom they may be made available (BERA 2011).

The researcher will keep clear and accurate records of the research procedures followed and the results obtained, including interim results. Research data will be recorded in a durable and auditable form, with appropriate references so that they can readily be recovered. Primary research data and research evidence will be accessible in confidence to other authorised researchers for verification purposes for reasonable periods after completion of the research; data will be preserved and accessible for ten years. Storage media such as disks will not be erased and/or reused, but will be stored securely (The University of Birmingham: Code of Practice for Research 2011-12).

## 17. OTHER APPROVALS REQUIRED? e.g. Criminal Records Bureau (CRB) checks

YES       NO       NOT APPLICABLE

If yes, please specify.

I have enhanced CRB clearance within the University and with the Local Authority in which the study will be conducted.

I am therefore approved to work with children and in school settings, subject to appropriate supervision.

## **18. SIGNIFICANCE/BENEFITS**

Outline the potential significance and/or benefits of the research

### **Phase 1 (Research Questions 1 and 2i-vii)**

It is expected that Phase 1 of this research (a short questionnaire survey of all primary schools in one district of the LA) will have value in providing a broad overview of the current practices and approaches primary schools employ to support and promote children's emotional well-being and mental health. This information will indicate similarities and differences within the provision made and identify possible areas for development.

### **Phase 2**

Research indicates that a collaborative action research methodology, which actively involves participants, is likely to have a longer lasting impact on any change compared to alternative methodologies. Tew (2008), for example, is a strong advocate of the need to work in collaboration with service users, allowing them to have ownership over the research process. The group environment of the focus groups allowed greater anonymity and helped individuals speak more freely.

Tew (2008) argues that such practice 'adds value', ensuring provisions are closely attuned to service user and service provider values, priorities, needs and resources. He argues that it is important to access people's subjective experiences and translate what people are saying into policy and practice. Intervention that is integrated into the classroom and whole school has longer term effects than short term group intervention (Greenburg 2009, Wells et al 2003 ).

Adopting a collaborative action research approach will also give the school and the individuals ownership over the findings and mobilise their motivation and capacity to sustain the change initiative.

### **Overall**

This research aims to provide additional information on the role of a Trainee Educational Psychologist (myself as researcher) in supporting organisational development at a whole school level. The research sets out to use mixed methods to support a process of organisational development and the collection and analysis of systematic data regarding the process and outcomes of this mediated change and development process. It is expected this will have value to the school in Phase 2 and provide feedback for future recommendations for other primary schools within the LA, which are in line with the LA's current Inclusion and Well-Being Strategy.

It is anticipated that this study will demonstrate that a Trainee Educational Psychologist can work collaboratively with a school to develop an implementation framework which will be helpful in supporting whole school development in emotional well-being and mental health promotion.

## 19. RISKS

a) Outline any potential risks to **INDIVIDUALS**, including research staff, research participants, other individuals not involved in the research and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap

I foresee no risks of any note that may arise during Phase 1 of the study.

As a researcher, I will use regular academic, research and professional supervision as a context for reflection and processing of the personal / professional impact of my own participation in this study, and to anticipate and trouble-shoot any tensions which may emerge.

### Phase 2

In addition to the difficulties of promoting change/organisational development identified in Section 10, other potential areas of risk in Phase 2 include:

- raising issues which could potentially be emotive or sensitive to school staff. This possible detriment will be shared with stakeholders and an agreed procedure will be identified congruent with the school's pastoral and safeguarding systems to be implemented promptly should any protective measures need introducing;
- to avoid participants feeling that partaking in this research has created additional/increased workload, I will regularly check back with them what capacity they have before agreeing actions;
- I will clarify the nature of the research and what participants will be asked to commit to once the steering group has been established to ensure that participants are making informed decisions to contribute and to avoid coerced participation;
- imbalances of power-relationships can occur in research (Wolfendale, 1999). Therefore to promote equality and agency, I will provide participants with information about the research. Additional, and in the spirit of collaborative action research, power and decision making will be shared, with actions agreed consensually. I will take care never to coerce, mislead or deceive any participant in any phase of this research;
- as an external researcher, I may not fully understand the current culture, practices and systems within the school; therefore findings maybe subject to misinterpretation. Therefore it is essential that all findings are checked out and explored with the steering group to ensure I have interpreted their views accurately and to assess which views may be truly representative of the school staff population and the range of views of the staff;
- it will be important to ensure that ethical considerations are paramount when conducting steering groups, with regards to privacy when collecting data (Morgan, 1997). Care and consideration will be required when planning the data collection methods. Therefore it will be suggested that audio techniques are utilised as opposed to video techniques to promote participant comfort and confidentiality. Given that constraints on privacy and disclosure are unique to steering groups; Morgan (1997) suggests that '*the usual protection of participants is required, with the added assurance that all participants in each discussion truly belong to the shared milieu*' (p.32). It is hoped this can be achieved by the setting and enforcing of ground rules which all participants adhere to; and
- great care will be taken to ensure that the participants have confidence in me as a researcher. Mutual respect and confidence between the participants and myself will be sought by employing the British Psychological Society Ethical Principles for Code of Human Research Ethics (2011) and adhering to the British Psychological Society's Code of Ethics and Conduct (2011).

Potential risks to the researcher include concerns with boundaries and responsibilities. Therefore it will be important to emphasis from the offset that facilitating change would be led by the staff in the working group, which is mediated and informed by published research, as opposed to the researcher being *the* change agent.

- b) Outline any potential risks to **THE ENVIRONMENT and/or SOCIETY** and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap.

NA

**20. ARE THERE ANY OTHER ETHICAL ISSUES RAISED BY THE RESEARCH?**

Yes  No

If yes, please specify

## APPENDIX 4: Key criterion and summary of responses for selection process for Phase-Two

Below are some of the key themes to emerge from the one hour interviews with the head teachers who were two interested in participating in Phase-Two of this study..

Key Criterion	School	
	Barkwood Primary School	X Primary School
<i>Initial reason for expressing an interest?</i>	<p>New head teacher, priority to evaluate and develop practice &amp; intervention regarding children's well-being.</p> <p>Want to raise aware of impact of children's emotional development on attainment and general well-being.</p>	<p>The school is situated in a very deprived area with a high level of emotional and social needs (both children and parents), all of impacts upon everyday practice within the school (lots of examples were given). Wish to explore this further.</p> <p>Head teacher has a personal interest in children's well-being. Would like to raise awareness with more school staff.</p>
<i>Hopes and expectations</i>	<p>Develop school staffs' knowledge of children's mental health and emotional development.</p> <p>Raise school staff's awareness of factors which promote and demote emotional development (would like to change some negative/unhelpful attitudes held by some members of staff)</p>	<p>Interested in a research project which involves the whole school community (parents, staff and children).</p> <p>Would like to raise school staff and parents awareness of children's mental health and emotional development.</p>
<i>Current school priorities</i>	<p>Develop support/intervention regarding children's well-being (currently a targets on the school SEF)</p> <p>Raise school staffs' awareness of children's mental health and emotional development.</p>	<p>Currently in the process of developing a consortium of schools (within the areas)</p> <p>Currently in the process of being a co-operative school.</p> <p>In the process of introducing UNICEF 'right to respect' intervention.</p> <p>Currently a number of behaviour concerns in the school which aiming to overcome.</p> <p>Continue to develop SEAL resources</p> <p>Develop relationships within the community (especially amongst parents).</p> <p>Develop the curriculum (involving the children).</p>



Key Criterion	School	
	Barkwood Primary School	X Primary School
<i>Capacity to commit</i>	<p>A new position has recently been created: lead on well-being therefore this teacher with this responsibility would be released to commit to this study as part of the role development process.</p> <p>Opportunities to gather data (focus groups etc) could be during allocated staff meeting times.</p> <p>Able to provide a 'crèche' for the children when the parent focus group takes place.</p> <p>A number of parents take an active role in school activities.</p>	<p>Head teacher – very flexible. Head felt that the staff she would want to participate would not give their full commitment or would be very negative.</p> <p>Mixed messages about school staff and parents' commitment.</p>
<i>Other notes</i>	<p>Very little input from other support services</p> <p>Very few other priorities regarding well-being and social development.</p>	<p>Number of support services involved in providing additional support to the school</p> <p>Sense that there are a number of underlying issues currently which need resolving before a small scale explorative study would be beneficial to the school as a whole.</p> <p>Very enthusiastic head teacher (personally interested in the subject of mental health and well-being)</p> <p>Large primary school (310 children on roll)</p>

# APPENDIX 5: Scripts For Focus Groups

## 1. CHILDREN YEAR 3 & 4

### **1. Name badges and who I am (5 minutes)**

Children to write names and year group on the stickers

My name is Sarah Williams and I am training to be an Educational Psychologist. Educational Psychologists work with lots of children of all ages to try and improve things for them at school, home or in their community. We also work closely with schools and parents.

Currently doing a big project on children's MH/EWB and I would like to gain children's views.

### **2. Consent**

The key points are:

- one hour discussion group
- Everything that is said in the group will stay between us. Nobody outside of the group will know who said what in the group. it is important that you too do not share people's views with anyone outside of the group
- I will not use anybody's name when I feedback to the steering group.
- With your agreement I will use a tape recorder to record the group discussion; so that I do not forget any important points that you make. Only I will have access to the information recorded on the tape
- It is entirely voluntary to participate in this discussion. Do not have to answer anything you do not want to.

Could you have a look at the back sheet just to check that you are still happy with everything I have mentioned and sign it? Any questions just ask.

### **3. What does mental health and emotional well-being mean? (5 minutes)**

Define mental health and what it means to be emotionally healthy. Use pictures to support:

- A person who knows what they are good at and what they need help with
- A person who feels they can cope with good/bad things most of the time
- A person who joins in with other people
- A person who shares their ideas"

Using two bears as visual aids (a happy looking bear and a sad looking bear) ask the children to match the sentences (supported by pictures) to the bear they think is most suited to the description:

- Happy
- Sad
- Lots of friends
- Little or no friends
- Good at things
- Not very good at things

Ask the children to rank in order of importance: people who help children to be emotionally healthy:

- Friends
- Parents
- Other family members
- Teachers and school staff

## **4. Scenarios**

### **A. Self Esteem (5 minutes)**

Think about this bear (happy one), we have already described him as (..above..), if he came to this school, how other people in school helped him to feel good about himself, think about what the other children and the adults may say or do?.

Now think about this bear (sad one), do you think there have been any times when this did not happen for him which has lead to him feeling like this (describe..)? think about what the other children and the adults may say or do?.

#### **B. Emotional Processing (5 minutes)**

I want you to image that both of these bears are upset, what may they be upset about? What happens in your school when someone is upset. What do the children and the adults do to help when people are upset?

#### **C. Self Management (5 minutes)**

Think about this bear (happy one), I want to you image that he is happily playing on the playground and two children come up to him and say something nasty to him. The bear is unhappy with what they said but he doesn't want them to see that he is unhappy. What does the bear do next?, are there any adults or children who can help him?

Now think about this bear (the sad one), I want you to imagine that he is on the playground and two children come up to him and say something nasty to him. The bear is very unhappy by what they said, he can feel himself getting crosser and crosser with the other children, he doesn't think he can keep his anger and hurt inside him any longer. What does the bear do next?. What happens after this? are there any adults or children who can help him or do they make things worse for him?

#### **D. Social Participation (5 minutes)**

Can you tell me about any activities or clubs at school that both of these bears may enjoy going to or things that they may like to join in with? What do the Bears have to do to be part of these activities?

#### **E. Environment (10 minutes)**

Walk around the school with the school and ask the children to take pictures of the following (during the tour, ask the children to describe why they have chosen that area).

All the children to agree on one place for each statement.

*A place they feel very happy*

*A place they feel safe*

*A place that they think looks the nicest*

*A place they can go to when they are upset*

*Their favourite place to place*

#### **5. Thank the children, give stickers out**

## **2. CHILDREN YEAR 5 & 6**

### **1. Name badges and who I am (5 minutes)**

Children to write names and year group on the stickers

My name is Sarah Williams and I am training to be an Educational Psychologist. Educational Psychologists work with lots of children of all ages to try and improve things for them at school, home or in their community. We also work closely with schools and parents.

Currently doing a big project on children's MH/EWB and I would like to gain children's views.

### **2. Consent**

The key points are:

- one hour discussion group
- Everything that is said in the group will stay between us. Nobody outside of the group will know who said what in the group. it is important that you too do not share people's views with anyone outside of the group
- I will not use anybody's name when I feedback to the steering group.
- With your agreement I will use a tape recorder to record the group discussion; so that I do not forget any important points that you make. Only I will have access to the information recorded on the tape
- It is entirely voluntary to participate in this discussion. Do not have to answer anything you do not want to.

Could you have a look at the back sheet just to check that you are still happy with everything I have mentioned and sign it? Any questions just ask.

### **3. What does mental health and emotional well-being mean? (5 minutes)**

"What words or images come to your mind when you hear people talk about children's mental health or emotional well-being? (prompt questions to include: what helps, who helps, what does not help?)"

Define mental health and what it means to be emotionally healthy. Use pictures to support:

- A person who knows what they are good at and what they need help with
- A person who feels they can cope with good/bad things most of the time
- A person who joins in with other people
- A person who shares their ideas"

Ask the children to rank in order of importance: people who help children to be emotionally healthy:

- Friends
- Parents
- Other family members
- Teachers and school staff

## **4. Scenarios**

### **A. Self Esteem (5 minutes)**

Think about this bear (happy one), we have already described him as (..above..), if he came to this school, how other people in school helped him to feel good about himself, think about what the other children and the adults may say or do?.

Now think about this bear (sad one), do you think there have been any times when this did not happen for him which has lead to him feeling like this (describe..)? think about what the other children and the adults may say or do?.

### **B. Emotional Processing (5 minutes)**

I want you to image that both of these bears are upset, what may they be upset about? What happens in your school when someone is upset. What do the children and the adults do to help when people are upset?

### **C. Self Management (5 minutes)**

Think about this bear (happy one), I want you to imagine that he is happily playing on the playground and two children come up to him and say something nasty to him. The bear is unhappy with what they said but he doesn't want them to see that he is unhappy. What does the bear do next?, are there any adults or children who can help him?

Now think about this bear (the sad one), I want you to imagine that he is on the playground and two children come up to him and say something nasty to him. The bear is very unhappy by what they said, he can feel himself getting crosser and crosser with the other children, he doesn't think he can keep his anger and hurt inside him any longer. What does the bear do next?. What happens after this? are there any adults or children who can help him or do they make things worse for him?

### **D. Social Participation (5 minutes)**

Can you tell me about any activities or clubs at school that both of these bears may enjoy going to or things that they may like to join in with? What do the Bears have to do to be part of these activities?

### **E. Environment (10 minutes)**

Walk around the school with the school and ask the children to take pictures of the following (during the tour, ask the children to describe why they have chosen that area).

All the children to agree on one place for each statement.

*A place they feel very happy*

*A place they feel safe*

*A place that they think looks the nicest*

*A place they can go to when they are upset*

*Their favourite place to place*

## **5. Thank the children, give stickers out**

### **3. PARENTS**

#### **1. Introduce myself (15 minutes)**

My name is Sarah Williams and I am training to be an Educational Psychologist. Educational Psychologists work with lots of children and young people of all ages to try and improve things for them at school, home or in their community. We also work closely with schools and parents.

xxxxxx EPS & University of Birmingham

Final year of training – research, which I will explain in more detail shortly

#### **2. Consent**

Same as letter you received. The key points are:

- one hour discussion group
- Everything that is said in the group will stay between us. Nobody outside of the group will know who said what in the group. It is important that you too do not share people's views with anyone outside of the group
- I will not use anybody's name when I feedback to the steering group.
- With your agreement I will use a tape recorder to record the group discussion; so that I do not forget any important points that you make. Only I will have access to the information recorded on the tape. I will not be able to remove anyone's contributions from the tape as I will not be able to identify you.
- It is entirely voluntary to participate in this discussion. Do not have to answer anything you do not want to.

Could you have a look at the back sheet just to check that you are still happy with everything I have mentioned and sign it? Any questions just ask.

Have some sticky labels for names so that I can address you by name during the discussion.

#### **3. Structure of the hour (5 minutes)**

- Have spent a few minutes doing names and consent so we now have about 50 minutes left. It would be useful if we could use the time in the following way:
- If I could take a couple of minutes to explain to you what I am doing my research on and why I have asked you to come along today
- Then if we have 10 minutes thinking about what we as a group think about children's mental health and emotional well-being and some of the factors that we think contributes to staying emotionally healthy
- After this I will share with you a template that I have been using to help me think about children's MH/EWB, I would like to gain your opinions on this and for you to give your thoughts on what you think this school does to promote children's MH/EWB, using the factors identified on the template I have brought along. As we go along we may also think of additional factors that have not been considered on my template.
- As the time is so tight I will have to keep us on track as I would like to hear your views on all of the factors identified. However I will talk to you at the end about a possible follow up session. Also if there is anything anyone would like to discuss in more detail, I am happy to wait behind at the end. I have put some post-it notes out for you to note down any ideas you may want to discuss afterwards.

#### **4. Introduce my research**

- For my research I was interested in how schools support and promote children's emotional well-being and mental health.
- I am currently working here as the school's EP so I spoke to Mrs xxxxx about this work and she was interested in being part of it, as she wanted to look at ways in which as a school they could make further improvements.
- As part of this research it has been agreed that I will carry out focus groups with i) parents, ii) the children and iii) the school staff. The findings from these focus groups will then be feedback back to the senior management team and between us we will draw up an action plan of how we hope to make some improvements. All the information fed back will be completely anonymous so no individual views will be identified.

## 5. What is MH/EWB? – lets explore what we think we mean... (10 minutes)

I thought we could spend just ten minutes checking out what we as a group think we mean by mental health and emotional well-being. The I will share with you some of the things that research says contributes towards emotional well-being and we can have a think about these factors in relation to what this school does to support children's well-being.

When we think of an emotionally health child, what is it we think of? Can you describe an 'emotionally healthy' child to me?

We all know that no two children are the same, can you think of different factors which contribute towards helping a child to be emotionally healthy (e.g. do you think age, gender, culture etc make a difference)?

Now can you think of any factors which may jeopardise a children's emotional well-being?

## 6. Ten element map (5 minutes)

I selected this, which I will refer to as a 'map' as it moves away from thinking about mental health in medical terms, which is often viewed as 'illness' and thinks about it in terms of 'health'/'healthy'

It helps us to focus on what makes children emotionally healthy

It also considers what factors or conditions are required for 'healthy emotionally well-being'

I was interested in 'how do people some stay emotionally health in tough situations, whereas some people find it very difficult' – what are the protective factors and what are the risk factors?

This map provides us with a framework for thinking about all of these things.

Lots of research which has been carried out over time, identifies these factors are playing an important part in emotional well-being and mental health. We will discuss each one in turn in a minute.

I would like us to spend just five minutes focusing on each one, I will read to you the definition given by the authors of this map and then we can i) discuss what we think are influencing factors on children's development and then ii) thinking about what this school does to help children's emotional well-being in relation to each factor.

Due to time constrains we may not be able to hear all the ideas, so feel free to use the post it notes to make notes on about each factor, stick it to the map in front of you and I'll have a read of them all afterwards.

### Give out the maps

#### A. Self Esteem (5 minutes)

*"Dependant on our underlying belief about our worthiness and significance as a person... How we see ourselves as being in the world will have a knock on effect on what we do (how we behave)... But we are not born into the world with either a positive or negative intrinsic belief of self worth. We learn this belief like we learn all others... it is a social process"*

Think about self esteem in relation to children..., what do you think the factors are that influence it?

What does this school do to develop children's positive self-esteem?

#### B. Emotional Processing (5 minutes)

*"refers to an awareness of our own emotions, and those of others. It means paying attention and heed to our emotions, and an ability to work at an emotional or affective level. It means encouraging the development and use of a wide emotional vocabulary, as well as having the esteem and skills necessary to express them for ourselves, and to listen for them from others"*

Think about emotional processing in relation to children., what do you think the factors are that influence it's development?.

What does this school do to develop children's emotional processing?

### **C. Social Participation (5 minutes)**

*"refers to the process of active involvement of individuals and groups in a range of mutually productive, interdependent relationships that together contribute to a social richness in our lives. It is based on difference and diversity, acceptance, respect and meaningful, active participation."*

Think about social participation in relation to children., what do you think the factors are that influence/encourage it.

What does this school do to encourage social participation from children?

### **D. Self- Management Skills (5 minutes)**

*"Talk about having the skills to cope with situations in relation to different aspects of our lives. Goes wider than, but including coping, linked to all other elements such as self esteem and emotional processing. What people perceive as difficult to cope with, i.e. stressful will be different for different people"*

Think about self management skills in relation to children., what do you think the factors are that influence/develop it.

What does this school do to develop children's self management skills?

### **E. Environment (5 minutes)**

*"Includes culturally appropriate environmental factors such as good housing, good public transport, aesthetically pleasing building and landscaping, and affinity for, proximity to and respect for nature, both locally and globally. Emphasis on sustainability is well placed here."*

What does this school do to provide a positive environment to promote emotional well-being?

### **7. Anything else?**

Last few minutes thinking about any other factors that have not been considered on this map?

Hopefully ... the opportunity to feedback to you what you have said and give you the opportunity to tell me if I have interpreted what you have said correctly before feeding back to the steering group.

### **8. Endings, Thank you.**



#### **4. SCHOOL STAFF**

##### **1. Introduce myself (15 minutes)**

My name is Sarah Williams and I am training to be an Educational Psychologist. Educational Psychologists work with children and young people of all ages to try and improve things for them at school, home or in their community. We also work closely with schools and parents. Also work at whole-school level (systemically)

xxxxxxxxx EPS & University of Birmingham

Final year of training – research, which I will explain in more detail shortly

##### **2. Consent**

Same as letter you received. The key points are:

- one hour discussion group
- Everything that is said in the group will stay between us. Nobody outside of the group will know who said what in the group. it is important that you too do not share people's views with anyone outside of the group
- I will not use anybody's name when I feedback to the steering group.
- With your agreement I will use a tape recorder to record the group discussion; so that I do not forget any important points that you make. Only I will have access to the information recorded on the tape. I will not be able to remove anyone's contributions from the tape as I will not be able to identify you.
- It is entirely voluntary to participate in this discussion. Do not have to answer anything you do not want to.

Could you have a look at the back sheet just to check that you are still happy with everything I have mentioned and sign it? Any questions just ask.

Have some sticky labels for names so that I can address you by name during the discussion.

##### **3. Structure of the hour (5 minutes)**

- Have spent a few minutes doing names and consent so we now have about 50 minutes left. It would be useful if we could use the time in the following way:
- If I could take a couple of minutes to explain to you what I am doing my research on and why I have asked you to come along today
- Then if we have 10 minutes thinking about what we as a group think about children's mental health and emotional well-being and some of the factors that we think contributes to staying emotionally healthy.
- After this I will share with you a template that I have been using to help me think about children's MH/EWB, I would like to gain your opinions on this and for you to give your thoughts on what you think this schools does to promote children's MH/EWB, using the factors identified on the template I have brought along. As we go along we may also think of additional factors that have not been considered on my template.
- As the time is so tight I will have to keep us on track as I would like to hear your views on all of the factors identified. However I will talk to you at the end about a possible follow up session. Also if there is anything anyone would like to discuss in more detail, I am happy to wait behind at the end. I have put some post-it notes out for you to note down any ideas you may want to discuss afterwards.

##### **4. Introduce my research**

- For my research I was interested in how schools support and promote children's emotional well-being and mental health.
- I am currently working here as the school's EP so I spoke to Mrs xxxxx about this work and she was interested in being part of it, as she wanted to look at ways to make further improvements.
- As part of this research it has been agreed that I will carry out focus groups with i) parents, ii) the children and iii) the school staff. The findings from these focus groups will then be feedback back to the senior management team and between us we will draw up an action plan of how we hope to make some improvements. All the

information fed back will be completely anonymous so no individual views will be identified.

## 5. What is MH/EWB? – lets explore what we think we mean... (10 minutes)

I thought we could spend just ten minutes checking out what we as a group think we mean by mental health and emotional well-being. The I will share with you some of the things that research says contributes towards emotional well-being and we can have a think about these factors in relation to what this school does to support children's well-being.

When we think of an emotionally healthy child, what is it we think of? Can you describe an 'emotionally healthy' child to me?

We all know that no two children are the same, can you think of different factors which contribute towards helping a child to be emotionally healthy (e.g. do you think age, gender, culture etc make a difference)?

Now can you think of any factors which may jeopardise a children's emotional well-being?

## 6. Ten element map (5 minutes)

I selected this (show map), which I will refer to as a 'map' as it moves away from thinking about mental health in medical terms, which is often viewed as 'illness' and thinks about it in terms of 'health'/'healthy'

It helps us to focus on what makes children emotionally healthy

It also considers what factors or conditions are required for 'healthy emotionally well-being'

I was interested in 'how do people some stay emotionally health in tough situations, whereas some people find it very difficult' – what are the protective factors and what are the risk factors?

This map provides us with a framework for thinking about all of these things.

Lots of research which has been carried out over time, identifies these factors are playing an important part in emotional well-being and mental health. We will discuss each one in turn in a minute.

I would like us to spend just five minutes focusing on each one, I will read to you the definition given by the authors of this map and then we can i) discuss what we think are influencing factors on children's development and then ii) think about what this school does to help children's emotional well-being in relation to each factor. We will think at this at two levels: i) the classroom level and ii) whole-school level

Due to time constrains we may not be able to hear all the ideas, so feel free to use the post it notes to make notes on about each factor, stick it to the map in front of you and I'll have a read of them all afterwards.

### Give out the maps

#### A. Self Esteem (5 minutes)

*"Dependant on our underlying belief about our worthiness and significance as a person... How we see ourselves as being in the world will have a knock on effect on what we do (how we behave)... But we are not born into the world with either a positive or negative intrinsic belief of self worth. We learn this belief like we learn all others... it is a social process"*

Think about self esteem in relation to children..., what do you think the factors are that influence it?

What do you think happens in the classroom which helps develop children's self-esteem?

What do you think this school as a whole does to develop children's positive self-esteem?

Do you think there is anything that happens in school (classroom or whole school level) that jeopardises the development of children's self esteem?

**Prompt questions**

What do you do in your classroom/role to encourage children to feel good about themselves?

Are there times when children do not feel good about themselves?

What do you do in your classroom/role that shows that all children are valued?

How do you think this school communicates that all children are valued?

**B. Emotional Processing (5 minutes)**

*"refers to an awareness of our own emotions, and those of others. It means paying attention and heed to our emotions, and an ability to work at an emotional or affective level. It means encouraging the development and use of a wide emotional vocabulary, as well as having the esteem and skills necessary to express them for ourselves, and to listen for them from others"*

Think about emotional processing in relation to children..., what do you think the factors are that influence the development of these skills?

What do you think happens in the classroom which helps develop children's emotional processing skills?

What do you think this school does at a whole to develop children's emotional processing skills?

Do you think there is anything that happens in school (classroom or whole school level) that jeopardises the development of these skills?

**Prompt questions**

What do you do in your classroom/role to support children when they are upset?

Are there places and people to go to when children feel upset?

How do adults help children to process/understand their emotions?

**C. Social Participation (5 minutes)**

*"refers to the process of active involvement of individuals and groups in a range of mutually productive, interdependent relationships that together contribute to a social richness in our lives. It is based on difference and diversity, acceptance, respect and meaningful, active participation."*

Think about social participation in relation to children..., what do you think the factors are that influence children's participation?

What do you think happens in the classroom which encourage participation?

What do you think this school does as a whole to encourage children's participation?

Do you think there is anything that happens in school (classroom or whole school level) that jeopardises children's participation?

**Prompt questions**

What you do in your classroom/role that encourages/maintains positive friendships?

What do you do in your classroom/role that prevents bullying?

What is done to prevent bullying at a whole school level?

Are there clubs or groups that children can join in with at school (e.g. breakfast clubs, after school clubs, holiday clubs, sports, music other)?

How easy is it to join these groups?

What do you do in your classroom/role that encourages children to participate in making the rules?

In this school generally, are the children included in making the rules?

What does the school do to encourage good attendance?

What do you think supports communication with parents/wider community?

#### **D. Self- Management Skills (5 minutes)**

*“Talk about having the skills to cope with situations in relation to different aspects of our lives. Goes wider than, but including coping, linked to all other elements such as self esteem and emotional processing. What people perceive as difficult to cope with, i.e. stressful will be different for different people”*

Think about self management skills in relation to children..., what do you think the factors are that influence the development of these skills?

What do you think happens in the classroom which helps develop children’s self-management skills?

What do you think this school does at a whole to develop children’s self-management skills?

Do you think there is anything that happens in school (classroom or whole school level) that jeopardises the development of these skills?

#### **Prompt questions**

What do you do in your classroom/role that encourages children to manage themselves/ their feelings/behaviour etc?

What do you do in your classroom/role that encouraged children to work independently?

What do you do in your classroom/role that motivates children to try their best?

#### **E. Environment (5 minutes)**

*“Includes culturally appropriate environmental factors such as good housing, good public transport, aesthetically pleasing building and landscaping, and affinity for, proximity to and respect for nature, both locally and globally. Emphasis on sustainability is well placed here.”*

What does this school do to provide a positive environment to promote emotional well-being in i) classroom and at a ii) whole school level.

#### **Prompt questions**

Which areas of the school do you think the children like being in the best?

Which areas do not make children feel good about being in school?

Do you think the school has good equipment and resources (e.g. computers, books, play equipment etc)

Are you given time to use these resources?

#### **7. Anything else?**

Last few minutes thinking about any other factors that have not been considered on this map?

Hopefully ... the opportunity to feedback to you what you have said and give you the opportunity to tell me if I have interpreted what you have said correctly before feeding back to the steering group.

#### **8. Endings, Thank you.**

## APPENDIX 6: Invitations For Focus Groups

### 1. Information to Parents for Pupil and Parent Focus Group

Dear Name (Parent/Carers),

My name is Sarah Williams. I work for xxxxxxx Educational Psychology Service as a Trainee Educational Psychologist and I am in my third year of my doctoral studies in Applied Educational and Child Psychology at the University of Birmingham.

Educational Psychologists work with schools, parents and children to try and improve outcomes for children and young people, and in my role as a Trainee Educational Psychologist I contribute to this work.

As part of my studies at the University, and within my work as a Trainee Educational Psychologist in xxxxxxxxx, I undertake a number of research studies which are written up in my thesis.

For one of my research studies I have been working with Barkwood Primary School where I am carrying out a study concerned with promoting children's mental health and well-being. The aim of this research is to identify ways in which we can build on existing good practice and make further improvements to the ways in which the school supports the children's well-being as they progress through the school.

As part of this research I would really like to hear the opinions of the children and of their parents. One of the ways I would like to do this is to run a small pupil focus group and a small parent focus group. (A focus group is a type of group interview that is commonly used in research). The children's focus group(s) will be separate from the parents' focus groups.

I will run the focus groups myself and will give the children and parents an opportunity to share their views on topics related to emotional well-being, exploring areas such as the children's self-esteem, participation in school life, and the school environment.

I will record the focus group discussions using a tape recorder. I will also maintain some notes of focus group discussions while people are talking, to enable me to check back with focus group participants that I have understood and recorded their views accurately.

Both the audio-tapes and the notes will be kept in a locked cabinet and the only people who will have access to this information will be myself and Sue Morris, my supervisor at the University of Birmingham). My supervisor will not know the name of the school in which this research is taking place, nor will she know the names of any of the research participants.

When I report the children's and parents' views back to the school, I will describe the themes I've picked out from all the feedback. It will not be possible to identify any individual or their views.

Analysis of the feedback from the focus group interviews will be used to inform an action plan of steps the school could take forward in order further to develop the ways in which it promotes children's well-being.

Your consent is required for you and / or your child to participate in a focus group; you can use the reply slip below to signal your consent. At any later stage, should you or your child change your/their mind, you /your child can withdraw from a focus group at any point. However it will not be possible to remove anyone's contribution after the focus groups have taken place, as I will not be able to identify anyone's individual contribution within the general exchange of views and experiences.

If you are willing to join the parent focus group or/and you give consent for your child to be considered for the focus group, please sign the Consent form. More information will be provide on the day of the focus groups.

If you would like anymore information, please contact either:  
me on \*\*\*\*\* ;  
Sue Morris (My University supervisor) on \*\*\*\*\*; or  
Mrs XXXX (Head teacher) \*\*\*\*\*

Thank you for taking the time to consider this request; your views are important and would be greatly valued.

Yours Sincerely

Sarah Williams  
Trainee Educational Psychologist

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**Permission slip**

**Pupil Focus Group**

I give consent for my child ..... (name) to participate in the pupil focus group, subject to her / his agreement to do so.

Signed .....  
(Parent/Carer)

Relationship to child.....  
Date .....

**Parent Focus Group**

I WOULD LIKE to participate in the parent focus group

Signed .....  
(Parent/Carer)

Relationship to child.....  
Date .....

*NB: if you indicate that you would be interested in participating in the Parent Focus Group you will be contacted shortly*

## 2. Information to Pupils

Dear \_\_\_\_\_,

**My name is Sarah and I would like you to take part in my University research about your school's approaches to children's feelings and happiness.**

- ◆ I am interested in learning about children's thoughts on what is currently working well and not so less well in your school regarding emotional well-being and mental health. I would also like to know your suggestions for improvement and development in this area.
- ◆ I would like to invite you to join in a short discussion group with me and a few other children so that you can tell me what your thoughts are.
- ◆ Your parents have already said that you can take part but I wanted to ask you if you would like to be in the project.
- ◆ Everything that we talk about will be kept confidential. Confidential means that although other people will hear about the views given in all of my interviews, no one will know who said what in the sessions and no names will be given.
- ◆ If you decide that you don't want to take part, that's OK. It is your choice and nobody will be upset if you don't want to participate. Also, It's OK if you agree to take part but then change your mind later.
- ◆ If you have any questions now you can speak to Mrs XXXXX. If you decide to join the discussion group, you will also have a chance to ask me any questions that you may have.

---

If you would like to join the discussion group, please can you write your name here and give this to Mrs XXXX:

.....

☺ Thank you for reading this letter  
**Sarah Williams**

### **3. Information to School Staff**

My name is Sarah Williams (Trainee Educational Psychologist), I work for XXXXX Educational Psychology Service and I am in my third year of my doctoral studies in Applied Educational and Child Psychology at the University of Birmingham.

Educational Psychologists work with schools, parents and children to try and improve outcomes for young people, and in my role as a Trainee Educational Psychologist I aim to contribute to this work.

As part of my studies at the University, and within my work as a Trainee Educational Psychologist in XXXXX, I undertake a number of research studies which are written up to form my thesis.

One such area of research will focus on further strengthening strategies to support children's development of mental health and emotional well-being within Barkwood Primary School, building on existing good practice within this area of school life.

You maybe already aware that I have been working closely with Mrs XXXXX (Head Teacher) at Barkwood Primary School, with this focus (on children's mental health and well-being) in mind. We hope to build on these preliminary discussions by taking forward a collaborative action research study. The study will set out to identify ways in which this school already promotes children's mental health and well being successfully and ways in which further improvements could be made.

One of the ways I would like to do this is to run small focus groups. Focus group will not have mixed membership; there will be separate groups for staff, parents and pupils. I will lead each focus group, aiming within each to give members an opportunity to share their views and experiences in relation to emotional well-being.

These views and opinions will be analysed to identify what is currently seen as effective in promoting children's mental health and well-being. The findings will also be used to inform an action plan to support the further development of support for children's well-being at Barkwood Primary School.

I will record the focus group discussions using a tape recorder. I will also maintain some contemporaneous notes of focus group discussions to enable me to check back with focus group participants that their views have been understood and recorded accurately.

Both the audio-tapes and the notes will be kept in a locked cabinet and the only people who will have access to this information will be myself and Sue Morris, my supervisor at the University of Birmingham). My supervisor will not know the name of the school in which this research is taking place, nor will she know the names of any of the research participants.

In the first instance, findings from the staff, parents and pupil focus groups will be shared with the staff Steering Group. At all times, findings will be reported as general trends: it will not be possible to identify any individual or their views.

It will not be possible identify any individual from the recordings and we will be asking the people who participate in the focus groups to agree that all views expressed in the group remain confidential to the group. The only time I would not be able to keep someone's view confidential is if something were said that suggested that someone was at risk of harm. If this occurred, I would need to inform the head teacher at school, whereafter your school's standard Safeguarding policy and procedures would be followed (link to school safeguarding policy doc on web CT to be inserted here).

If you are willing to contribute to a staff focus group, I need to ask you to confirm that you offer your freely given, informed consent so to do. You can use the reply slip below to signal your consent. Even after you have given consent, you can change your mind and withdraw



from the focus group at any point. However it will not be possible to delete anyone's contribution after the focus groups have taken place and been recorded, as I will not be able reliably to identify anyone's contribution within the general stream of discussion.

If you would like to take part in the staff focus group, further information will be provided at the start of the focus group. The focus group will take place after school on \*\*\*\*\* at 3.30pm and will last for no more than one hour.

If you would like any further information, or would like to discuss this proposed study and / or what participation in a focus group interview would involve, please contact either:

me (Sarah Williams) on \*\*\*\*\*  
Sue Morris, my research supervisor at the University of Birmingham on \*\*\*\*\*  
Mrs XXXXXX, Head teacher \*\*\*\*\*

Thank you for taking the time to consider this request..

Yours Sincerely

Sarah Williams  
Trainee Educational Psychologist

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**School Staff Focus Group**

I **WOULD LIKE** to participate in the staff focus group

Name .....

Role in school.....

Date .....

*NB: if you indicate that you would be interested in participating in the Staff Focus Group you will be contacted shortly*

## APPENDIX 7: Consent Gained Before Focus Groups

### 1. Children

***The information below was given to the children and was also read aloud to them. They were asked to tick and sign if they gave their consent to participate in the focus groups***

My name is Sarah Williams and I am training to be an Educational Psychologist. Educational Psychologists work with lots of children of all ages to try and improve things for them at school, home or in their community. We also work closely with schools and parents.

The reason I am working in your school at the moment is to carry out some research with your teachers, the children and your parents on children's mental health and emotional well-being. We will talk a little bit more about what mental health and emotional well-being are during the focus group, but in summary it means:

*Good mental health and well-being is when a individual knows their own abilities, they feel they can cope with the ups and downs of everyday life, they can work well and they feel they are able to join in and make a contribution to their community (this may include home, school or any clubs you belong to).*

*Adapted from The World Health Organisation, 2012*

I would really like to gain the views of the children in your school on children's well-being and the things that you think your school and adults could do to make it an even better school. Your teachers have said that you would be a good person for me to speak to. Your parents have already said that it is ok for you to be part of this discussion group, but I want to check that you would like to be part of it.

If you would like to take part, you will take part in a one hour discussion group. During this discussion group we will be doing some activities so that I can gain your opinions on different parts of school life.




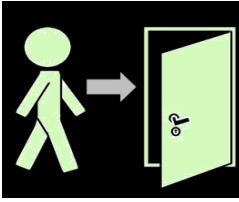


Everything that is said in the group will stay between us. Nobody outside of the group will know who said what in the group. I would like to share your thoughts with the teachers so that changes can be made, but I will not use anyone's name, so the teachers will not know who said what either. If you do decide you would like to be part of this group, it is important that you do not share people's views with anyone outside of the group. I will also make sure that I keep all your views private and safe.

I will use a tape recorder to record the group discussion so that I do not forget any important points that you make. I will also make sure that no-one else listens to this recording and I will keep it very safe.

It is important that you know that it is completely your choice to be part of this work, if you choose not to, you will not be in trouble and nobody will be cross or upset with you. If you do decide to be part of this group and you do not know what to answer, it is ok to say 'I don't know' or 'I don't want to answer', I will not be cross with you either.

Do you have any questions? If you have any questions during the discussion please just ask me by putting your hand up. Please can you complete the bottom of this page to say that you would like to be in the discussion group and you understand everything I have just said.

Thank you for thinking about this, your views are very important and valued.

		Please tick if you  agree
 & 	<p>I have listened to what Sarah has just said about this project and I have also read the information that Sarah has given us.</p>	
	<p>I understand that I am volunteering to be part of a discussion group, where I can give my views on children's mental health and well-being. I understand that I do not have to be in the group and I can leave at anytime without giving a reason.</p>	
	<p>I understand that Sarah will share our views with the teachers to help them to make improvements to our school, but I know that she will not use our names so nobody will know who said what in the group. I know that Sarah will keep our information safe.</p>	
	<p>I would like to take part in this project and be part of the discussion group.</p>	

.....  
(your name)

.....  
(your signature)

**Thank you for reading this and for completing this form 😊  
Sarah Williams**

## 2. Parents

***The information below was given to the parents and was also read aloud to them. They were asked to tick and sign if they gave their consent to participate in the focus groups***

My name is Sarah Williams and I am training to be an Educational Psychologist. Educational Psychologists work with lots of children and young people of all ages to try and improve things for them at school, home or in their community. We also work closely with schools and parents.

The reason I am working with this school at the moment is to carry out some research with the teachers, the children and parents on children's mental health and emotional well-being. We will talk more about what mental health and emotional well-being are during the focus group, but in summary it means:

*Good mental health and well-being is when a individual knows their own abilities, they feel they can cope with the ups and downs of everyday life, they can work well and they feel they are able to join in and make a contribution to their community (this may include home, school or any clubs you belong to).*

*Adapted from The World Health Organisation, 2012*

I would really like to gain the views of parents on children's well-being and the things that you think the school and adults could do to further develop the promotion of children's well-being.

If you would like to take part, you will be taking part in a one hour discussion group. During this discussion group I will be asking you to complete a few activities so that I can gain your opinions on different aspects of school life.

Everything that is said in the group will stay between us. Nobody outside of the group will know who said what in the group. I would like to share your thoughts with the steering group so that changes can be made, but I will not use anyone's name. If you do decide you would still like to be part of this group, it is important that you too do not share people's views with anyone outside of the group. I will also make sure that I keep all your views private and safe.

With your agreement I will use a tape recorder to record the group discussion; so that I do not forget any important points that you make. I will also make sure that no-one else listens to this recording and I will keep it very safe.

It is important that you know that it is entirely voluntary to participate in this discussion, if you do not want to answer anything that is ok. It is also ok to leave at any point.

After the discussion I will not be able to remove your contributions from the tape, as I will not be able to identify individual people.

Do you have any questions? If you have any questions during the discussion please just ask me. Please can you complete the consent form (overleaf) to say that you would like to be in the discussion group and you understand everything I have just said.

Thank you for thinking about this. Your views are very important and valued.

	Please tick if you agree
I have listened to what Sarah has just said about this project and I have also read the information that Sarah has given us.	
I understand that I am volunteering to be part of a discussion group, where I can give my views on children's mental health and well-being. I understand that I do not have to be in the group and I can leave at anytime without giving a reason.	
I understand that Sarah will share our views with the steering group to help them to make improvements, but I know that she will not use our names so nobody will be identified. I know that Sarah will keep our information safe.	
I am happy for Sarah to use a tape recorder to record our contributions.	
I would like to take part in this project and be part of the discussion group.	

.....  
(your name)

.....  
(your signature)

**Thank you for reading this and for completing this form**  
**Sarah Williams**

### **3. School Staff**

***The information below was given to school staff and was also read aloud to them. They were asked to tick and sign if they gave their consent to participate in the focus groups***

My name is Sarah Williams and I am training to be an Educational Psychologist. Educational Psychologists work with lots of children and young people of all ages to try and improve things for them at school, home or in their community. We also work closely with schools and parents.

The reason I am working with your school at the moment is to carry out some research with the teachers, the children and parents on children's mental health and emotional well-being. We will talk more about what mental health and emotional well-being are during the focus group, but in summary it means:

*Good mental health and well-being is when a individual knows their own abilities, they feel they can cope with the ups and downs of everyday life, they can work well and they feel they are able to join in and make a contribution to their community (this may include home, school or any clubs you belong to).*

*Adapted from The World Health Organisation, 2012*

I would really like to gain the views of school staff on children's well-being and the things that you think could be done to further develop the promotion of children's well-being.

If you would like to take part, you will be taking part in a one hour discussion group. During this discussion group I will be asking you to complete some activities so that I can gain your opinions on different aspects of school life.

Everything that is said in the group will stay between us. Nobody outside of the group will know who said what in the group. I would like to share your thoughts with the steering group so that changes can be made, but I will not use anyone's name. If you do decide you would like to be part of this group, it is important that you too do not share people's views with anyone outside of the group. I will also make sure that I keep all your views private and safe.

With your agreement, I will use a tape recorder to record the group discussion so that I do not forget any important points made. I will also make sure that no-one else listens to this recording and I will keep it safe.

It is important that you know that it is entirely voluntary to participate in this discussion; if you do not want to answer anything that is ok. It is also ok to leave at any point.

After the discussion I will not be able to remove your contributions from the tape, as I will not be able to identify individual people.

Do you have any questions? If you have any questions during the discussion please just ask me. Please can you complete the consent form (overleaf), to say that you would like to be in the discussion group and you understand everything I have just said.

Thank you for thinking about this. Your views are very important and valued.

	Please tick if you agree
Sarah has informed me about this project and I have also read the information that Sarah has given us.	
I understand that I am volunteering to be part of a discussion group, where I can give my views on children's mental health and well-being. I understand that I do not have to be in the group and I can leave at anytime without giving a reason.	
I understand that Sarah will share our views with the steering group to help them to make improvements, but I know that she will not use our names so nobody will be identified. I know that Sarah will keep our information safe.	
I am happy for Sarah to use a tape recorder to record our contributions.	
I would like to take part in this project and be part of the discussion group.	

.....  
 (your name)

.....  
 (your signature)

**Thank you for reading this and for completing this form**  
**Sarah Williams**

## APPENDIX 8: Example Transcript

### Children (yr5&6)

N=5

C=Child

R= Researcher

### What does mental and emotional well-being mean?

R – I mentioned to you that my project was on children's well-being and I wondered if any of you had heard the phrase 'well-being' before

C – yes

R – what words come to mind when you heard it

C – are they happy

R- happy that's a good one

R – the other word that is sometimes used but I think 'well-being' is a nicer word is 'mental health issues' – has anyone ever heard that word

C- yes

R- what words come to mind when you think of mental health – I am going to write your ideas down if you don't mind

C- disability

R – yes that could come under health

C-What do you mean by disability

C – like if they have got a problem or if they need a wheel chair

R- when we think about health we are talking of physical health and one of the things that is different about mental health is about your emotions and how you feel. I will share with you how I understand what well-being to mean.. if a child had good emotional health and thinking about a really positive person – they would be happy to join in with other people

C – yes

R- they are a person who likes to share their ideas with other people

C – Yes

R- do these all make sense to you.

C- yes

R- This one means - .....a person who knows what they are good at and where they need help with...

R- what I mean here is...doesn't mean that someone is good at everything- but actually thinks yes i am good at that but they are quiet happy to say but I find that a bit hard, so they know the difference and they don't mind saying that.

C- yes

C-I find number work a bit hard

R- and you don't feel bad about saying I need some extra help

C- no

R- that's the sort of person we are talking about

R – the next one is a person who feels they can cope with good/bad things in life

R- we all have good and bad days don't we and we all have good days

C- yes

R - but when things go wrong it's about not blowing it out of proportion thinking every day is going to be bad

C – I've had a bad day before

R- then the next day did it get better

C – not really

R- no?

R – but you didn't think that every day now is going to be bad did you. You thought sometimes there are going to be bad days in life isn't there?

C- yes

C- its only about four days bad

R- was it.. so things got better in the end

C- yes

R- so is this a good helpful explanation

C- yes

R- is there anything that I have not thought about that you can think of?

R- children's well-being...you said happy so I have put happy down



R- can you think of any other words that I have missed  
 C- excited  
 R- excited ...yes  
 C- I was thinking a person who is not afraid to show what they are upset about  
 R- so quiet happy to talk about their feelings  
 C- yes  
 R- sharing their feelings – I like that  
 C - if someone is having a bad day they can go to someone to cheer them up a bit  
 R - so someone who can go and cheer someone else  
 R – cheer other people up  
 C – me and (name) are quite good at cheering me up  
 R- they cheer you up  
 C- yes  
 R- shall we move onto the next exercise  
 C- yes  
 R- think about all these things I have said to do with good emotional well-being and mental health

### **A – Self Esteem**

R. I am going to introduce you now to the bears  
 C- YEAH  
 R- I want you to image this bear – winnie the pooh  
 R – I want you to imagine he is all the things we have just described  
 R - pretty happy guy he knows what he is good at – he knows what things he finds difficult too  
 R- happy joining in with people, help people, he thinks he can cope with most things  
 R- yes- that's him  
 R- imagine that's his personality  
 R – and this bear is the other one the opposite to winnie the pooh, he is quite a sad teddy  
 C- old  
 R- just imagine he is unhappy and not feeling very good about himself, he thinks he is rubbish at everything, he feels that the whole world is coming down around him and he probably doesn't have that many friends  
 R- so imagine that's him  
 C- is he a rock star one  
 R- imagine he is all the things we have said today  
 R- I have some pictures here if you could help me to match them to the right bear  
 R- which bear would you say is good at things  
 C – winnie the pooh  
 R- which bear would you say thinks he is not good at things  
 C- the rock one  
 R– shall we call him Bif  
 R – does anyone disagree  
 R- which one has got lots of friends  
 C – winnie the pooh  
 R- do we all agree  
 C- yes  
 R – which one would be a bit sad  
 C – Bif  
 R – which one thinks he is ok at most things  
 C- winnie the pooh  
 R – which one do you think doesn't have many friends  
 C- Bif  
 R – brilliant – well done  
 R – I think you really do understand what we are talking about  
 R – we are going to one more thing  
 R- we have thought about all the things that makes the person feel good about himself  
 R- I have got four things to sort out who you think helps children to sort out all the good things  
 R- we have got – Friends; Parents; teachers and School Staff; Other family members- aunty, uncles, grandparents, sisters brothers  
 R – who would we put at the top and you might have different lists its alright to have different lists  
 R- who wants to start  
 R – go on then (name) who would you put at the top  
 C- parents  
 R- parents – is there anybody agrees with parents

R- parents at the top – we have three people think parents at the top  
R- let's put parents there – we can change it around  
R- who would you put next  
C – friends  
C- family members  
R- who agrees that the next one would be family members  
C- family members  
R – and did you think parents at the top as well (name)  
C – yes  
R – you two are probably going to be similar here  
R – ok so just you two what would you put next – friends  
C – staff  
R – would you put staff  
C – friends  
R- it's quite hard to do isn't it  
R – you put school staff (name)  
R – and you put friends  
R – this is (name) list  
R- anyone agreeing with that on... you don't have to agree there is no right or wrong answer.  
R- (name) can I take a picture to remember in what order you said  
C- yes  
R- so we will take a vote who agrees with that order there is no right or wrong answer  
R- one person at the minute – picture one x one  
R –And (name) You would swap these two around so that would be you list  
R – we have got (name) and we have got (name)  
R- who wants to go next  
C- I would swap to this  
R- Ok you can move them around  
R – so you think it goes- parents, teachers, friends, other family members  
C – yes  
R – and that's why there is no right answer because everybody is different  
R- we have just got (name) and (name)  
R- go on (name) you re-arranged them how you want them  
R – remember there is no right or wrong answer it is your personal opinion  
C – I would swap these around  
R – so you would want them that way – it is very similar  
R- (name) would you swap all yours around  
C – I would put teachers first  
R- you can have it however you want – there is no right or wrong  
R – this is everybody's ideas  
R – so you want yours like that  
C – because when my mum and split up the teachers help me at school  
R – and that's why there is not a right answer because everybody experiences are different – aren't they which means that everybody has different opinions  
R – now I want you to help me with some ideas  
C - ok  
C – can rock star come by me?  
R – well I am going to keep hold of them as I need them to share the stories with you  
R - I want you to imagine this bear – happy bear - the one that feels alright about things and is happy to have a go at things – I want you to imagine that he comes to your school  
C- Yes  
R – I want you to try and tell me how the other people in this school – both the children and the adults – how have they helped him to feel the way he does—feeling good about things, joining in – how have other people helped him to become like that  
C – offered him friendship  
C Showing him around the school  
R – any more ideas  
C – not bullying and being really nice to him  
S – ah that's a nice answer – being nice  
C- everyone falls out at sometime  
R- it's how you then fix it  
C- yes  
R- sticking up for him

C – taking him in  
 R – letting him join in with friendships  
 C – yes  
 R – joining in  
 S – anymore ideas  
 C – erm .. what's the word... I'm trying to think encouraging him  
 R- oh I like that one – encouraging him  
 C – like when people join in like they are happy  
 R- happy  
 R – so how do you know they have made him feel happy  
 C – he is playing a game don't leave him out  
 R - don't leave out – I like that one  
 C – supporting him  
 R – these are good ideas  
 R – anymore  
 C – letting him have more than one friend but still joining in with the others  
 R – so having lots of friendships  
 C – yes  
 R –yes I like that  
 R – and not being protected like saying he is my friend he can't play with other children, is that what you mean  
 C – yes  
 R - is that what you were going to say  
 R- Nnw I want you to think of a similar scenario this bear comes to your school and we know that he is not feeling very happy is he- not feeling good about himself, feels he is rubbish at everything, things go wrong, the whole world is coming to end for him  
 R – so (name) what do you think that the children or the adults might have said or done to him to make him feel this way – what could have happened  
 C- they might have left him out  
 R – leaving him out  
 C – that's actually happened to my brother before  
 R – and it probably doesn't make people feel very good about themselves does it  
 R- so leaving him out  
 R – what other ideas  
 C – discouraging him  
 R – discouraging – you have got some fantastic words  
 C – not letting him join in  
 R – so not inviting him to join in – yes that's a good one  
 C – if he had parents for the parents not to let him down like – if they had promised him something – not to say no  
 R – so keeping to their word  
 C – yes  
 R (name)  
 C –the teachers saying – yes you have done that aright but you should have done better  
 R – yes I will write that sown but I can't think how to word that  
 R – (name)  
 C – a bit like (name) .. a teacher saying oh you have done that completely wrong  
 R – so you feel bad about that  
 C – yes  
 R – ok shall we move onto the next one

### **B -Emotional Processing**

R – I want you to imagine that both of these bears are coming to your school and they are both upset about something  
 C – yes  
 R – what happens in your school when someone is upset – what do you think might happen to these bears if they were upset  
 C- if one of them is upset then one of them would go to them and cheer them up.  
 S- other children would come and cheer them up  
 C – yes  
 R – I am looking for ideas that children do when someone is upset at this school  
 R – cheer them up  
 R – I will go round this way – you have all got your hands up

R – yes (name)  
 C – try and support them  
 R – and how do they support them  
 C – they say alright don't worry about it – it wasn't your fault  
 R – that's nice encouraging words  
 R – (name) have you still got your hand up  
 C – let them play a game with you and then let both of them play  
 R – so let them both join in  
 C – if they were playing at their house and someone else came and they were best friends so don't say you are here at my house you have to go and play somewhere on your own  
 R – so joining in making sure he can join in  
 R – so joining in  
 C- yes  
 R – have you got any ideas (name)  
 R – have you gone tired – are you all chillin out now  
 R – So if the people are upset in this school it sounds like the children would be pretty helpful – is there anything the adults do to help to make children feel better if they are upset  
 C- yes I don't know how to say this – but when my step mum got cancer I knew that I could go and talk to my teachers about it – one of my teachers use to work here and now she doesn't but she said that her sister went through the same thing and she said it was going to be alright  
 R – teachers listening and being supportive  
 C –yes  
 R – that's a nice example – that's nice to hear  
 R – any other ideas how the teachers help or the adults help  
 C – yes – if you was having a bad day and you were really worried in class they will come to you and cheer you up  
 R – they cheer you up  
 C – and they say – you have got to do this...  
 R – and help you find the solution – is that what you are saying  
 C - yes  
 R – yes (name)  
 C – like if someone's mum and dad split up help you understand and help you though it that's what they did for me  
 R – understanding  
 C – yes that they did that for me when my mum and dad split up quite a long time ago  
 R – Teachers help and listen to you would they help you find a solution  
 C – yes ...(name) does

### **C – Self Management**

R – I want you to imagine that this one the one that is feeling happy is now back to happy again because you have all made him feel good about himself... he is now feeling good about himself... he is happy and feel like he can cope with things..  
 R – I want you to imagine he is playing on the playground and two children come up to him and say something nasty. This bear is really unhappy about what was said but he doesn't want them to know he is unhappy – are you with me so far –  
 C – yes I know what you mean  
 R – what do you think he is going to do next  
 C – he is going to act happy  
 R – he is going to pretend to be happy  
 C – yes when he is actually sad  
 R – ok so pretend to be happy – what other things do you think he might do  
 C – he might just walk away  
 C - be strong about it  
 R – how do you think he will be strong  
 C – if they say something bad about his family he just stands there he doesn't have to go and tell teacher or anyone he could just be strong about it  
 R –strong and is he ignoring them  
 C – yes  
 R – (name)  
 C – after they have said that to him if they went he could go and tell the teacher  
 R – tell the teacher – anymore ideas to what he might do  
 C- if he was shy he would probably try to avoid them  
 R – avoid them – yes I like that

R – Now I want you to think about the same thing happening to this bear – this bear already doesn't feel very good about himself and when things go wrong he doesn't cope with things very well so I want you to imagine that the same two children have come up and said something nasty to him and he is also very unhappy about it but this time he can feel himself getting crosser and crosser and he doesn't think he can keep his anger or hurt inside himself any longer. What do you think he is going to do

C – be nasty to them

R – you think he will be nasty back

C- yes

C – go and really hurt them

R – hurt them – what physically

C – no not physically but say nasty things

R – say nasty things

C – he could probably lash out on them

R – he might do

C – what does lash out mean

R – do you want to explain (name)

C – it means its to much for him so he might hit them

R- he might hit them – then he might push furniture or something

C – yes

R – anymore ideas – (name)

C – he might get really really angry that he might just can't stand it

C – like can't stand anything else

C – yes like can't stand it – a bit like days when get in a fight

R – anymore ideas

C –(name) got your hand up – go on you are good with ideas

R – you might be able to help me out with this one Dominic

R – If this bear then starts lashing out and someone starts fighting back like pushing furniture that could be hurting the other children what do you think is going to happen to him

C – maybe the teacher will get angry at him and they will try and make him stop it and relax

R – teacher might help him to calm down

C – yes

R – I like that – what else do you think might happen to him

C – he might burst into tears because it's not his fault and does not want to be like that

R – tears

C – yes

R – what were you going to say (name)

C – he might go into detention

R – because he is already feeling pretty low about things – it's not going to take much for when someone is nasty to him to tip him over the edge and lash out is it. It's going to be bubbling bubbling and bubbling and someone says one thing and it all comes out and it feels even worst then – doesn't it so this bear ... because everyone is being nice to him making him join in and doing nice things from the beginning he is able to cope with it better- would you agree with that

C – it happened to me before I got upset and it just went over the top

R – all came out – just because it becomes a bit too much

S – what you have done is help show some ideas of how people can help manage that

R - ok - I have got one more to do but need to check the time as I have an activity for you to do if we can

C –YEAH

### **D – Social Participation**

R – if these two bears came to your school are there any clubs or activities that they could be part of

C – it depends what classes they are in

R – ok so if they were in your class what could they do

C – they could do Kaley dancing it after school on a Monday

R – do you enjoy doing the kaley dancing

C – yes it is really fun

C – they could do lunch time clubs taking part in completions

C – and they could do a swimming gala

R – there's lots of things going on – Kaley dancing , lunch time club

C/R – Swimming

C – swimming gala

R – any other clubs that they can be in

C – we use to have this friendship club

R – does it still happen  
C – I don't know I think they were going to bring it back  
R – because we are looking for ideas for is this we could put them to (name) ... do you think that it would be a good idea to bring back  
C – yes  
R- bring back – and what is the friendship club  
C – is what makes a good friend and how you support people  
R – do you think it would be helpful – its helped you ??  
C – yes  
R – any other clubs do you think they would like  
C - me and George and Holly do this club that helps with alphabet  
R – the alphabet Arch Club  
C- yes I got 44 seconds ?????  
R - WOW  
R- if they were part of the alphabet art club what do you think they would enjoy about that  
C – if they were a bit in the middle for their alphabet they would get up and up so it builds their learning up??  
R – if they are getting better at their learning how do you think they might feel  
C- probably feel a bit better like example in year six at the top year five and if they went up it might cheer them up a bit  
R – will cheer them up .. I like that they might feel good about themselves might they  
C – when I was moving up a class I didn't like it  
C - and what helped me was my friends and the teachers they helped a lot  
R – and what did they do to help  
C – they said nice things about it  
C – because I loved art they said - there are art things and a lot more things you could do a lot more older things and make me feel really happy  
R- good I will make sure I capture them things  
R – any other clubs or activities they could do or that you have got ideas for  
R –(name) you have had your hand up for a while  
C – it's not like a club more like (name) thing when me and (name) went to that school trip to Latch wood  
R – you had to all help each other  
C – we weren't allowed to contact our mum  
R – to support each other - I like that  
C – he was helping me when I was upset  
R- so were you helping each other keep happy  
C – I was upset on the bus and (name) just cheered me up  
C –it was scary we went round the woods at night  
R – that was scary wasn't it  
C –I use to go to this drama group  
R- in school  
C- I got it through school but it was at a different place and it did build up my confidence  
R – build confidence  
R – has anyone got any other ideas that we can pass onto the school about some clubs or groups  
C – it's not a real club but I thought we could have a games club different years come together to play board games  
R – in year group do you think  
C- yes  
R- do you think it would be a good idea to mix the year groups so that the older children could help the younger ones  
R – one more idea if anyone has got any  
C- bringing a club of football back again  
R- having a football club – did someone come in and help you  
C- yes like an Aston Villa coach  
R- WOW  
R – shall I put sports  
C – yes  
R – of all interests  
C – tree house  
R – you have got a tree house have you  
C- no we would like one we had a school council  
S – shall I put that down that you would like one

C – yes - a school council is you get your ideas and you send it to them and then they make decisions like at (name) borough council

R – I am sorry to have to cut you short you are coming up with some great ideas but we only have – five minutes and there is one more think that i want you to do -

### **E- Environment**

R -I have brought my camera with me – I wondered if we were to take a picture of somewhere you all feel happy what would you take a picture of what are your ideas

C – in class three

R – in the classroom and what makes you happy in that room

C – all my friends are in that class and we do exciting work and it makes me feel happy and there are no problems going on around us

R – so it keeps you happy

R – anyone any different to a classroom

R – (name) where would you take a picture where it would make you feel happy

C – the quiet area

R – the quiet area – and why do you feel happy in the quiet area

C – because its meant to be quiet (C – gives a little giggle! )

R – would it be better if it was made a bit more quite

C- because I don't like the main classroom its really noisy I like the quiet

R – where would you take a picture of

C – in the nature area if it was tidier and comfortable and they fitted a bench then if anyone was a bit upset or stressed they could go down and sit on it

R – so you think the nature area is a place

C – and I could say to the teacher could i go and sit in the nature area because i feel a bit upset

R – that was actually my next question about places you could go when you are upset

R – shall we put the nature area in that category

C – yes

R- in terms of places that make you feel happy I have got – the classroom, the quiet area, have I got the right ones

C- yes yes

R - so let's move the nature area down to 'where children can go to when they are upset'

R – I am getting the impression that it needs to be developed

C – yes and when its winter you are not allowed in when its rain and the mud

C – it floods

C – it does flood

R – so it needs tidying up

C – it's quiet a massive nature area

R – in the school at the minute where are the places you can go to at the minute when you feel upset

C – we use to have a buddy bench

R – so you still use it as a buddy bench

C – no

R – it doesn't get used at the minute

C – the buddy bench is somewhere you can just sit on when you want someone to play with YOU

R – and does it work

C –no its broken

R – does it need fixing?

C – signs broke someone took it off

R – I have seen the sign in there

C –li don't know why but a lot of children go to the quiet area

R – is the quiet area also a happy area and somewhere people go when they want to be quiet?

R - (name) you put your hand up

C – it's not been used yet for quite a long time but when my dad was at this school he use to have... it's still there in the orchard and you go down to the field I mean there is this corner where there used to be all benches where you can sit down

C – I would like a water fountain at school

C – we have got one in the toilet mate

R – let's take a picture I think you mean a big one

R – if we were to take a picture of somewhere in this school which one would you take as a group of the place where children would go when they are upset

R – you have got to vote between – nature area – put your hand up if you would take that one – you can only take one picture – the buddy bench .. if you could only take one picture what would win

R – put your hands up if you would vote for the buddy bench

C – if the sign was there  
 R – two voting for the buddy bench  
 R – who votes for the nature area where you would go to when you are upset  
 R – three  
 R – who would vote for the quiet area – if that would be a nice place to go to if  
 R – five  
 R – what's the place in the school where you feel the most safe  
 C – classroom  
 R – why do you say the classroom  
 C – because all your friends are around you  
 R – and they are close by  
 C – yes  
 C – but you can't talk in class  
 R – are you sometimes allowed to talk in class  
 C – if its discussion  
 R – and you mentioned the whole school  
 C – because safe  
 R – so everybody is nice  
 C –like my old school there were a lot of bullies there  
 C – there are no bullies here  
 R – what makes it safe here for you (name)  
 C – because everyone is nice – some people have fall outs but there is nothing major  
 R - and its fixable  
 C – yes its fixable  
 R – where do you feel safe  
 C – in the office  
 R – and why do you feel safe in there  
 C – because we are right next to reception, class 3  
 R – and (name) where do you feel most safe  
 C – I don't know why but the whole school its where the school has got the area  
 R – with all the trees  
 C – as soon as I enter the school gate in the morning I feel safe  
 R – that's a nice thing to say  
 R – is there anywhere else you want to add that makes you feel safe  
 C – in the mobile  
 R –this is the mobile isn't it?  
 R – why do you feel safe  
 C – I don't feel safe in here because it's made out of wood and its freezing  
 R- so the things that don't make you feel safe is the material  
 C – this use to have in the middle these cupboards massive cupboards that you couldn't even see over  
 R – so do you like space  
 C – yes  
 C – we use to this literacy club we still do now we do it in Mrs Hobbs group  
 R – I am going to have to send you back to classroom  
 C – oh  
 R – there is one more thing?  
 C –the memorial  
 C – it is a memorial for year 6's  
 C - *all talking together about the memorial*  
 R – can it be moved somewhere else  
 R –I am going to have to stop the group because we are going to run out of time  
 R – one last thing (name)  
 C –(name) dad made that chair with the one leg  
 R – the orange chair- it's cool that chair  
 C – yer my dad did build that  
 C – see that stone there – it's a great big time capsule  
 S – can you all sit down while I bring it all to an end  
 END OF TAPE



## APPENDIX 9: Overview Of Responses To The Questionnaire (Phase-One)

N=8

*NB: Questions are presented in priority of importance to the research questions*

Q1. How would you describe your school community's levels of need in relation to emotional well-being and mental health:

A high risk population:	37.5%	3
A medium risk population:	50.0%	<b>4</b>
A low risk population:	12.5%	1

Q18. To what extent emotional well-being current priority for

Major priority:	12.5%	1
Priority:	37.5%	3
Moderate priority:	25.0%	2
Low priority:	12.5%	<b>1</b>
Not a current priority:	12.5%	1

is supporting and mental health a your school?

Q.2 Does your school have National Healthy Schools Status?

Yes:	62.5%	<b>5</b>
No:	37.5%	3

Q.12 What proportion of staff in your school (including non-teaching staff) do you estimate are aware of existing guidelines for supporting mental health in schools (for example: National Health Schools Standards, DoH/DfES 2005, OFSTED 2005, Promoting children's social and emotional wellbeing in primary education, NICE 2008)?

0%:	12.5%	1
10%:	0.0%	0
20%:	25.0%	2
30%:	25.0%	<b>2</b>
40%:	0.0%	0
50%:	0.0%	0
60%:	0.0%	0
70%:	12.5%	1
80%:	12.5%	1
90%:	0.0%	0
100%:	12.5%	1

8. Other LA services involved in supporting schools in whole school mental health approaches?

Service	No of Responses	Frequency					
		Weekly	Monthly	Termly	Twice Year	Annually	Never
<b>Educational Psychology Service:</b>	7	0	2	6	0	0	0
<b>Child and Adult Mental Health Service:</b>	7	0	1	4	0	2	1
<b>Special Educational Needs Support Service:</b>	7	0	3	5	0	0	0
<b>School Nurse:</b>	6	1	2	5	0	0	0
<b>School Counsellors:</b>	2	1	0	0	0	1	6
<b>Health Services:</b>	3	0	0	3	3	0	2
<b>Other (please specify):</b>	5	0	0	1	2	1	4

Q. 15 What do school staff perceive as their role in supporting positive mental health?.

a) It should be provided by specialists with expertise in this field.

Strongly disagree:	0.0%	0
Disagree:	12.5%	1
Undecided:	12.5%	1
Agree:	62.5%	<b>5</b>
Strongly agree:	12.5%	1

b) It is the role of school staff to signpost children and families to specialist services.

Strongly disagree:	0.0%	0
Disagree:	0.0%	0
Undecided:	12.5%	1
Agree:	62.5%	<b>5</b>
Strongly agree:	25.0%	2

c) It is the role of school staff to provide front line prevention and intervention.

Strongly disagree:	0.0%	0
Disagree:	50.0%	4
Undecided:	25.0%	2
Agree:	25.0%	<b>2</b>
Strongly agree:	0.0%	0

d) It is to provide advice and guidance to families and children.

Strongly disagree:	0.0%	0
Disagree:	0.0%	0
Undecided:	12.5%	1
Agree:	62.5%	<b>5</b>
Strongly agree:	25.0%	2

Q.16 What do you perceive as the main challenges to schools in whole school approaches to supporting emotional well-being and positive mental health at a whole school level?

a) Lack of specialist knowledge about EWB&MH

Not a challenge:	0.0%	0
Minor challenge:	12.5%	1
Somewhat challenging:	0.0%	0
Significant challenge:	50.0%	<b>4</b>
Major challenge:	37.5%	3

b) Lack of input from specialist services

Not a challenge:	12.5%	1
Minor challenge:	0.0%	0
Somewhat challenging:	25.0%	2
Significant challenge:	37.5%	<b>3</b>
Major challenge:	25.0%	2

c) Ineffective multi-agency collaboration

Not a challenge:	12.5%	1
Minor challenge:	12.5%	<b>1</b>
Somewhat challenging:	25.0%	2
Significant challenge:	25.0%	2
Major challenge:	25.0%	2

d) Lack of resources

Not a challenge:	12.5%	1
Minor challenge:	25.0%	2
Somewhat challenging:	12.5%	<b>1</b>
Significant challenge:	37.5%	3
Major challenge:	12.5%	1

e) Current school structure

Not a challenge:	12.5%	1
Minor challenge:	25.0%	2
Somewhat challenging:	25.0%	2
Significant challenge:	37.5%	<b>3</b>
Major challenge:	0.0%	0

f) Other priorities

Not a challenge:	0.0%	0
Minor challenge:	12.5%	1
Somewhat challenging:	12.5%	1
Significant challenge:	25.0%	<b>2</b>
Major challenge:	50.0%	4

Q.17 What do you think are key effective factors for supporting emotional well-being and mental health at a whole school level?

a) Specialist knowledge about EWB&MH

Very effective:	50.0%	<b>4</b>
Effective:	37.5%	3
Somewhat effective:	12.5%	1
Little effect:	0.0%	0
No effect:	0.0%	0

b) Input from specialist services

Very effective:	75.0%	<b>6</b>
Effective:	12.5%	1
Somewhat effective:	12.5%	1
Little effect:	0.0%	0
No effect:	0.0%	0

c) Effective multi-agency collaboration

Very effective:	75.0%	6
Effective:	25.0%	2
Somewhat effective:	0.0%	<b>0</b>

Little effect:	0.0%	0
No effect:	0.0%	0

d) A good range of resources

Very effective:	37.5%	3
Effective:	37.5%	<b>3</b>
Somewhat effective:	25.0%	2
Little effect:	0.0%	0
No effect:	0.0%	0

e) School structure

Very effective:	25.0%	2
Effective:	37.5%	<b>3</b>
Somewhat effective:	25.0%	2
Little effect:	12.5%	1
No effect:	0.0%	0

f) It is a school priority

Very effective:	75.0%	6
Effective:	25.0%	<b>2</b>
Somewhat effective:	0.0%	0
Little effect:	0.0%	0
No effect:	0.0%	0



### Stage 3 – Compare across data corpus

Self Esteem				
	Children (yr.3&4)	Children (yr.5&6)	Parents	School Staff
<b>Promotes</b>	<ul style="list-style-type: none"> <li>• Celebrating achievements</li> <li>• Friendships</li> <li>• Joining in with others</li> <li>• Confidence</li> <li>• Being nice</li> </ul>	<ul style="list-style-type: none"> <li>• Encouragement</li> <li>• Friendships</li> <li>• Helping people</li> <li>• Being happy</li> <li>• No bullying</li> </ul>	<ul style="list-style-type: none"> <li>• Celebrating success</li> <li>• Sharing successes</li> <li>• Being listened to</li> <li>• Group activities</li> </ul>	<ul style="list-style-type: none"> <li>• Celebrating success</li> <li>• Sharing successes</li> <li>• Social skills</li> <li>• Having responsibilities</li> <li>• Intelligence</li> <li>• Flexible thinking</li> <li>• Creative weeks at school</li> </ul>
<b>Demotes</b>		<ul style="list-style-type: none"> <li>• Focusing on the negatives</li> <li>• Being left out</li> <li>• Being discouraged</li> <li>• Being let down by adults</li> </ul>	<ul style="list-style-type: none"> <li>• Focusing on the negatives</li> <li>• Adults not showing an interest</li> <li>• Special Educational Needs</li> </ul>	<ul style="list-style-type: none"> <li>• Focusing on the negatives</li> <li>• Parent's perception of the child</li> <li>• Special Educational Needs</li> <li>• Lack of patience or frustrations from the adult</li> <li>• Learnt behaviour</li> <li>• Social groups</li> <li>• Parents</li> <li>• Parent's self esteem</li> </ul>
<b>Direct quotes</b>	<p><i>"Telling him he is good at things"</i></p> <p><i>"Make sure he is never lonely"</i></p> <p><i>"Help him if he is stuck on homework"</i></p>	<p><i>"Not bullying him and being really nice to him"</i></p> <p><i>"When people join in they are happy"</i></p> <p><i>"Encouraging him"</i></p> <p><i>"for the parents not to let him down, if they had promised him something not to say no."</i></p> <p><i>"The teacher saying: yes you have done that alright but you could have done better"</i></p>	<p><i>"I feel that they (school staff) always try and make time to listen to the children"</i></p> <p><i>"Group activities for self esteem, like Leaf Wood (residential trip)"</i></p> <p><i>"Show and tell"</i></p> <p><i>"she (the teacher) didn't focus on the positives, it was not academic but an achievement, the child was really excited and proud to tell his teacher"</i></p>	<p><i>"We give the children a lot of responsibility, we give them jobs, this helps with self esteem if they know they have got an important job"</i></p> <p><i>"We have creative weeks where we vertically group the children (..) which means they help each other"</i></p> <p><i>"How parents see themselves, if they are negative or have not got high self-esteem, they (the child) copy that behaviour"</i></p> <p><i>"Also special needs, for example Autistic and you are very particular (...) they (the child) can not do something as they want to do it so their needs have an affect on how they feel about themselves"</i></p>



## Stage 4 – Compare across data corpus – Individual, micro, exo- and macros analysis

Self Esteem				
	Children (yr.3&4)	Children (yr.5&6)	Parents	School Staff
Promotes	<ul style="list-style-type: none"> <li>• Opportunities to celebrate achievements/success</li> <li>• Encouragement</li> <li>• Friendships</li> <li>• Social skills</li> <li>• Personality traits</li> </ul>	<ul style="list-style-type: none"> <li>• Encouragement and support</li> <li>• Friendships</li> <li>• Personality traits</li> <li>• No bullying</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to celebrate achievements/success</li> <li>• Opportunities to talk/be listened to</li> <li>• Opportunities to socially participate</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to celebrate achievements/success</li> <li>• Social skills</li> <li>• Opportunities to contribute</li> <li>• Cognitive and problem solving skills</li> <li>• Opportunities to develop new skills</li> </ul>
Demotes		<ul style="list-style-type: none"> <li>• Discouragement/negative feedback</li> <li>• Excluded from social groups</li> <li>• Being left out</li> <li>• Being let down</li> </ul>	<ul style="list-style-type: none"> <li>• Discouragement/negative feedback</li> <li>• Lack of attention</li> <li>• Special Educational Needs</li> </ul>	<ul style="list-style-type: none"> <li>• Discouragement/negative feedback</li> <li>• Other people's perception of the child</li> <li>• Special Educational Needs</li> <li>• Coping skills of adults</li> <li>• Learnt behaviour</li> <li>• Negative influences from social groups</li> <li>• Parent's self esteem</li> </ul>
Direct quotes	<p>"Telling him he is good at things"            "Make sure he is never lonely"            "Help him if he is stuck on homework"</p> <p>Support and opportunities to develop new skills (Macro)            Positive affirmation (Macro)            Social inclusion (Macro)</p>	<p>"Not bullying him and being really nice to him"            "When people join in they are happy"            "Encouraging him"            "for the parents not to let him down, if they had promised him something not to say no."            "The teacher saying: yes you have done that alright but you could have done better"</p> <p>social inclusion (Macro)            positive/negative affirmation (Macro)            reliability of others (Macro)</p>	<p>"I feel that they (school staff) always try and make time to listen to the children"            "Group activities for self esteem, like Leaf Wood (residential trip)"            "Show and tell"            "she (the teacher) didn't focus on the positives, it was not academic but an achievement, the child was really excited and proud to tell his teacher"</p> <p>seeing the child holistically (Micro)            opportunities to share and celebrate success (Macro)            social inclusion/participation (Macro)</p>	<p>"We give the children a lot of responsibility, we give them jobs, this helps with self esteem if they know they have got an important job"            "We have creative weeks where we vertically group the children (..) which means they help each other"            "How parents see themselves, if they are negative or have not got high self-esteem, they (the child) copy that behaviour"            "Also special needs, for example Autistic and you are very particular (...) they (the child) can not do something as they want to do it so their needs have an affect on how they feel about themselves"</p> <p>opportunities to develop new skills (Macro)            opportunities to make a meaningful contribution (Macro)            Influences from other environments (Macro)            Academic abilities and individual needs (Micro)</p>

Key: **Micro** (individual child characteristics) **Macro** (other people's influences – adults or children, conditions in the macro – home, school, socially)  
 Explicitly state Implicitly stated

## Stage 5 – Conceptual analysis

	Promotes	Demotes
<b>Person/Individual Child</b>	Personality characteristics Social, emotional and communication skills	Academic skills
<b>Micro (peers, family, school)</b>	<u>Peers</u> Friendships Social inclusion  <u>Family</u> teaching new skills listening mediating opportunities to celebrate success  <u>School</u> teaching new skills listening mediating opportunities to celebrate success medicating opportunities to make a contribution	<u>Peers</u> Negative influences Social exclusion  <u>Family</u> Negative feedback Lack of attention Let down by adults Parental capacity/skills  <u>School</u> Negative feedback Lack of attention
<b>Meso</b>		school staff perceptions of parental capacity and self esteem
<b>Exo-System</b>		
<b>Macro</b>		
<b>Process</b>		
<b>Context</b>		